

**(Vendors name)**

Drug Aftercare Notification Report

Non-Compliance   
Information

|                                      |                  |          |
|--------------------------------------|------------------|----------|
| Clients Name:                        |                  | PACTS #: |
| To:                                  | From:            |          |
| <b>US Probation/Pretrial Officer</b> | <b>Counselor</b> |          |

**INTAKE REPORT**

The above named Client was scheduled for drug aftercare intake on: \_\_\_\_\_

|  |   |
|--|---|
| <input type="checkbox"/> Client reported as instructed & completed intake. | <input type="checkbox"/> Client reported but failed to complete intake: (see comments)  |
| <input type="checkbox"/> Client failed to report for intake as scheduled.  | <input type="checkbox"/> Stall<br><input type="checkbox"/> Walked out<br><input type="checkbox"/> Low Specific Gravity after 2 hours.<br><input type="checkbox"/> Refused Services<br><input type="checkbox"/> No Paperwork<br><input type="checkbox"/> Refused to sign paperwork |

**NON-COMPLIANCE REPORT**

**Positive**

A lab specimen and/or sweat patch collected on \_\_\_\_\_ was reported positive for \_\_\_\_\_

**Low Specific Gravity**

Sample collected has a specific gravity of 1.0 \_\_\_\_\_.

**Presumptive Positive(Not a violation until confirmation returns positive)**

An onsite specimen collected on \_\_\_\_\_ was presumptive positive for \_\_\_\_\_

Meth     THC     Amphetamine     PCP     Opiate/Morphine     MDMA

**Sample was sent to Lab for confirmation.**

Breathalyzer **Level detected(1st test)**\_\_\_\_\_ **Level detected(2nd test)**\_\_\_\_\_

Client denied prescribed medication when specimen was collected.

Client denied drug/alcohol use when specimen was collected.

**Failure to Report for Services**

Client failed to report for specimen collection on \_\_\_\_\_. This is the \_\_\_\_ failure to appear.

Client failed to attend:  Group     Individual counseling session on \_\_\_\_\_.

|                                     |
|-------------------------------------|
| <b>Comments and Recommendations</b> |
|                                     |
|                                     |
|                                     |

Counselor's Signature: \_\_\_\_\_ Office: \_\_\_\_\_ Date: \_\_\_\_\_