

(Vendors name)

Drug Aftercare Notification Report

Non-Compliance
Information

Clients Name:		PACTS #:
To:	From:	
US Probation/Pretrial Officer	Counselor	

INTAKE REPORT

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

Client reported as instructed & completed intake.

Client reported but failed to complete intake: (see comments)

Stall

Walked out

Client failed to report for intake as scheduled.

Low Specific Gravity after 2 hours.

Refused Services

No Paperwork

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 _____.

Comments and Recommendations

Counselor's Signature: _____ Office: _____ Date: _____