

**WAGONER /CHEROKEE COUNTY DRUG COURTS
DRUG COURT COMPLIANCE OFFICER CLIENT CONTACT REPORT**

NAME OF CLIENT VISITED: _____ PHASE # _____
ADDRESS OF CLIENT _____
DATE OF HOME VISIT _____ TIME OF HOME VISIT _____ TIME VISIT WAS COMPLETED _____
WAS ACTUAL CONTACT MADE: YES _____ NO _____
WAS DRUG TESTING PERFORMED: YES _____ NO _____
RESULTS OF DRUG TESTING: POSITIVE _____ NEGATIVE _____
IF POSITIVE; WHAT FOR ? _____

COMPLIANCE OFFICER OBSERVATIONS:

CONDITION OF HOME _____
CLIENT'S ATTITUDE/BEHAVIOR _____
OTHER PERSONS PRESENT _____

COMPLIANCE OFFICER COMMENTS:

ODOMETER READING:

BEGINNING MILEAGE _____ ENDING MILEAGE _____
BEGINNING MILEAGE _____ ENDING MILEAGE _____
TOTAL MILEAGE THIS VISIT: _____

COMPLIANCE OFFICER SIGNATURE

DATE

CLIENT SIGNATURE

DATE