

## Monthly Treatment Report

£ Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS)

£ Non-DVPOTS report

*Prior authorization for reimbursement is required. Do not include medical information.*

Agency name:		Report Mo/Yr:	<i>Probation Use Only</i>
Date:			
Probation Officer:			<i>Section Fully Completed?</i>
Defendant Name (Last, First, MI):		DOB:	
Referring Court(s):		Court 1                      Court 2                      Court 3	Yes £ No £
Assess. Date:	Date of 1st Session:	Treatment level:	
<b>Attendance</b>			<i>Probation Use Only</i>
Group session dates:			
Ind. session dates:			
Total sessions attended to date:			Yes £ No £
Total sessions missed since beginning treatment:			
<b>Treatment Status</b>			<i>Probation Use Only</i>  <i>Is one box checked?</i>
£ Compliant			
£ Noncompliant, due to:	£ Lack of attendance £ Failure to comply with treatment rules £ Other, see comment section		
£ Program completed on:			
£ Terminated on (note specific reason in comment section):			
Comments:			
Staff sign/date:	Credentials and staff level:		<i>Probation Use Only</i>
Print name:			
Supervisor Sign/date:	Credentials and staff level:		<i>Section Fully Completed?</i> Yes £ No £
Print name:			
Fully completed? Yes £ No £		Probation Staff:	Date:
£ Non-DVPOTS, 1. Enter in the database and 2. Copy to defendant's file £ DVPOTS/fully completed: 1. Enter in the database, 2. Original-Senior Clerk, 3. Copy-def. file £ DVPOTS/not fully completed: original to Probation Manager and copy to defendant's file			
AP Process: £ OK to Pay	Probation Manager or Administrator:		
Date:	£ <i>Original to Senior Clerk</i>		