



North Country  
HEALTH CONSORTIUM



## **DTC Participant Weekly Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**What Phase are you in? What are you working on in order to successfully complete this Phase?**

**Did you get at least two UAs this week? Have your Medications changed, and if so, did you provide an updated Medication list?**

**What Goals are you currently working on and what progress have you made on them?**

**Have you paid your restitution/compliance fees and program fees this month?**

**What did you do for your two Self-Help activities this past week? Did you fill in your Calendar this week?**

**Did you have Community Service to do this past week? If so, what did you do for it?**

**Did you meet your Treatment Requirements for the week? What did you do to meet them?**

**When is your next probation meeting? Do you have any court hearings coming up?**

**Do you need any help/support from the Drug Treatment Court Team?**

Signature: \_\_\_\_\_