

## **Lucas County Children Services DRUG COURT REPORTING FORM**

**DATE**

**CASEWORKER**

**CLIENT NAME**

**SERVICES** *(Name of provider, compliance, last/next appointment)*

**SCHOOL REPORT** *(Grade, difficulties, most recent progress reports, etc.)*

**VISITATION** *(Location/Level)*

**ISSUES/CONCERNS** *(If the issue/concern may require a consequence, i.e., jail time, please specify)*

**STAFFING REPORT**

**COURT REPORT**