MONTHLY REPORT
This report is furnished pursuant to Paragraph A(5) of the Rehabilitation/Monitoring Agreement between the participant and the Virginia Lawyers Helping Lawyers program. Please complete all areas applicable to your contract and mark others N/A.

Date of Agreement: _____ Month and year covered by this report: ___________

Participant: __________________________ Monitor ________________________________

1. Description of status of current treatment program and dates of counseling/therapy sessions (individual or group).
   ________________________________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

2. Dates of monitor contacts during month
   ________________________________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

3. Changes in family, living environment, employment, educational, legal or other relevant life areas.
   ________________________________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

4. Dates/reasons for contact with health care providers and list of any prescribed or over the counter medications taken.
   ________________________________________________________________________
   ____________________________________________________
   ____________________________________________________

Signature of Participating Lawyer __________________________ Date Signed ______________

Date Report Given/Mailed to Monitor:/LHL Executive Director __________________________
   ____________________________________________________