LAWYERS HELPING LAWYERS
1015 East Main Street, Ground Floor
Richmond, Virginia 23219
804-644-3212
1-877-545-4682

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: _________________________________________________________

Participant: ________________________________________________________________

Monitor: __________________________________________________________________

Month and year covered by this report: ___________________________________________

1. Schedule of support meetings attended (complete attachment).

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

   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

3. Dates of sponsor contacts during month

   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

4. Dates of monitor contacts during month

   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

5. Changes in family, living environment, employment, educational, legal or other relevant life areas.

   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
6. 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:  

Date Report Given/Mailed to Executive Director:  

Changes in addresses or phone numbers:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Date Report Received by Monitor:  

Date Report Received by Executive Director:  

**LAWYERS HELPING LAWYERS**

**SCHEDULE OF MEETINGS ATTENDED**

For the Month of _____________________________,    20____

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<tr>
<th>Date</th>
<th>Meeting Name/Time</th>
<th>Type of Meeting</th>
<th>Verified</th>
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