



MONTHLY MONITEE REPORT

This report is furnished pursuant the Rehabilitation/Monitoring Agreement between the participant and the *Virginia Judges and Lawyers Assistance Program (VJLAP)*. 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).

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2. Dates of monitor contacts during month

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

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

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\_\_\_\_\_  
Signature of Participating Lawyer

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Date Signed

Date Report Provided to Monitor: \_\_\_\_\_

Date Received by VJLAP: \_\_\_\_\_