



MONTHLY REPORT

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

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

\_\_\_\_\_  
Date Signed

Date Report Given/Mailed to Monitor: \_\_\_\_\_

Date Report Given/Mailed to VJLAP: \_\_\_\_\_

Changes in addresses or phone numbers:

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Date Report Received by Monitor: \_\_\_\_\_

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

