

# COURT ORDERED DOMESTIC VIOLENCE TREATMENT DISCHARGE SUMMARY

Report to:  Deferred (Misty Young)  
 Probation  
 TI Probation  
 Other

Probation Officer:

Agency name:  
Address:

Phone/fax number:  
email address:

Defendant Name:                      DOB:  
Case #:                                Division:

Date:

- Program Successful Completion  
 Program Unsuccessful Termination  
 Administrative Discharge

Defendant has attended a total of            sessions  
Defendant is recommended to be given credit for            sessions.

- Defendant is current on fees and paid \$            per session  
 Not current on fees and owes \$            as of            .  
 Victim Advocate has been contacted

Reason for termination:

- Absences  
 Inappropriate behavior (see comments)  
 Non-payment of fees  
 Other (see comments)

Comments:

Additional sessions recommended:             Comments:                         Yes            additional sessions  
Concurrent counseling recommended:                         No            Type:              
Alternate program(s) suggested:

\_\_\_\_\_  
Treatment Provider signature

February 5, 2008