



FMJ Multi-County ASAC

ASAC Coordinator Court Sheet

Participant Name: _____

Date: _____

FIRST TIME IN COURT:

- Welcome to program
- Explain Journal
- Explain AA/NA Verification
- Give key ring

DRUG COURT HEARING:

UA Results	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Attending AA/NA or other approved support group	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attending treatment/Case Management and other Appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abiding by Curfew	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forty Hours Structured Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Team recommendations	
Awards	<input type="checkbox"/> Yes <input type="checkbox"/> No Small fish bowl meeting criteria <input type="checkbox"/> Yes <input type="checkbox"/> No Large fish bowl
Sanctions	
Personal	