**DISCHARGE SUMMARY**

NAME (Offender): Last Name, First Name M.I.

PACTS No. PACTS

AGENCY: Enter Agency Name

DATE: Click to enter date

1. STAGE OF CHANGE (SUBSTANCE ABUSE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. REASONS FOR TERMINATION (CHECK ONE):

[ ]  SUCCESSFUL DISCHARGE

[ ]  UNSUCCESSFUL DISCHARGE

[ ]  INTERRUPTION OF TREATMENT

EXPLAIN:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. RECOMMENDATIONS FOR COMMUNITY BASED AFTERCARE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Counselor Date

Revised: 2/25/20