



S.O.B.E.R. COURT CASE STAFFING SUMMARY

Client:	Last Name, First Name	DOB: MM/DD/YYYY	Date:	MM/DD/YYYY
SPN/Case #:	12345678 / 12345671010		Officer:	Last Name
Phase: 4	CSR Hours: 0/60	Events: 0/2	Sobriety Date:	MM/DD/YYYY
Intake Date:	MM/DD/YYYY	Class A/B Misd.	Referral method:	

ODL/TDL Status:		Suspension dates:	
Current Risk:		Current Needs:	Rating:

Blow Protocol	
Treatment progress	
Stage of Change / Question	
Benchmarks accomplished towards phase advancement	
Barriers to services	
Interventions/Plan	
Infraction	
Recommended response	
Incentive(s)	
Prior Court Reviews	
Additional Items to address with Client	

Completion Date	Drug Test/Device						
Phase 1	Current Device				Date Ordered:		
Phase 2	Current Device				Date Ordered:		
Phase 3	Positive UA's						
Phase 4	Dilute UA's						
Residential	IOP/SOP		Boosters	NA	DWI Edu/RO		NA