



Duham County
Criminal Justice Resource Center
Adult Drug Treatment Court

State of North Carolina
General Court of Justice
14th Judicial District

Discharge Summary

Referral No _____
Discharge Date _____
Admission Date _____

1. Reason for Discharge

- Exit by reason other than successful completion
- Successful completion of program, i.e. graduation (CIMS - Completed Program)

2. Rewards for successful completion

- None
- Charges Dismissed
- Reduction of time on probation
- Termination of Probation
- Probation supervision status transferred e.g. from supervised to unsupervised
- Other _____

3. Reasons for exit by reason other than successful completion:

(Rank the top 3 reasons for exit, 1 = most important, 3 = least important)

- 1. DTC non-compliance (other than positive urine tests) (CIMS - Removed by Program Staff)
 - a. Failure to attend treatment as required
 - b. Failure to attend court as required
 - c. Failure to maintain required contacts with case manager
 - d. Failure to maintain required contacts with probation officer
 - e. Failure to meet other requirements of the program
 - f. Other _____
- 2. New arrest - drug/alcohol crime - (specify dates, charges, docket #s) (CIMS - PV: New Charge) _____
- 3. New arrest - non-drug/alcohol crime - (specify dates, charges, docket #s) (CIMS - PV: New Charge) _____
- 4. New conviction - drug/alcohol crime - (specify dates, charges, docket #s) (CIMS - Other; type reason in Closing Comments) _____
- 5. New conviction - non-drug/alcohol crime - (specify dates, charges, docket #s) (CIMS - Other; type reason in Closing Comments) _____
- 6. Positive drug/alcohol tests (CIMS - Removed by Program Staff)
- 7. Technical probation violation (not related to DTC participation) (CIMS - PV: Technical)
- 8. Voluntary withdrawal (CIMS - Voluntary Withdrawal)
- 9. Neutral discharge - (specify reason) (CIMS - Other; type reason in Closing Comments) _____
- 10. Transferred to another DTC program - (specify program) (CIMS - Transferred) _____
- 11. Deceased (CIMS - Other; type reason in Closing Comments)
- 12. Other - (specify) (CIMS - Other; type reason in Closing Comments) _____

4. Employed? Yes No Unknown Full-time Part-time

5. In school (formal education)? Yes No Unknown

6. In vocational training? Yes No Unknown

Comments

Pregnancy Information

Not Applicable No Yes

Expected Due Date _____
Delivery Date _____
Pregnancy Result _____

How To Create A Hospital Discharge Notice Form

L Darling-Hammond



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Handbook of the Hospital Corps, United States Navy United States. Navy Department. Bureau of Medicine and Surgery,1923 **The Municipal Year Book and Public Utilities Directory** Sir Robert Donald,1913 *Hospital Corps Quarterly* ,1919 **Modern Hospital** ,1914 **Proceedings of the ... Annual Institute on Hospital Accounting** ,1962
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