3. CLIENT NAME: 4						Additional sheets may be used 2. FOR PERIOD COVERING: 5. DATE OF MOST		onthly billing.	
								5. DATE OF MOST RECENT PROGRAM PLAN (Form 45):	
						4. PRETRIAL CLIENT: ☐ YES ☐ NO			
			6. C	ONTACTS SI	NCE LA	ST REPORT			
a. Date	Date b. Type of Service:		c. Time in:	d. Time out:	e. Client Signature: (signed at end of service)			f. Copay amount collected:	
					}				
<u>, </u>	1		<u> </u>	7. URINE TE	STING I	RECORD			
a. Date	b. Collected c. Bar by: Code #		d. Remarks: (Specimen appea		ared	e. Client Signature: (Signed after giving urine)		f. Copay amount collected:	
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						PROGRESS IN reas, progress to			· ! ,
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SIGNATURE OF COUNSELOR:						DATE:			