

US PROBATION OFFICE – SOUTHERN DISTRICT OF GEORGIA  
SUBSTANCE ABUSE DISCHARGE SUMMARY

Offender Name: \_\_\_\_\_

Treatment Program: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Termination:

*(Check one)*

Successful Discharge

*Explain:*

\_\_\_\_\_  
 Unsuccessful Discharge

*Explain:*

\_\_\_\_\_  
 Interruption of Treatment

*Explain:*

\_\_\_\_\_  
Vendor Comments:

*(Use additional pages if needed)*

\_\_\_\_\_  
Recommendations for community based aftercare:

\_\_\_\_\_  
Counselor Signature

*Revised 06/27/16*

\_\_\_\_\_  
Date