

US PROBATION OFFICE – SOUTHERN DISTRICT OF GEORGIA
SEX OFFENDER DISCHARGE SUMMARY

Offender Name: _____

Treatment Program: _____

Date: _____

DSM IV Diagnosis: _____

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

Date