

NAME OF PROGRAM: Austin Drug & Alcohol Abuse Program, Inc

23 Aug 2002

Weekly/Monthly    3 Month    6 Month    9 Month    12 Month    Final Report    Special Incident

For: Long Beach Municipal Court  
774 Long Beach Blvd  
Long Beach, CA 88888

**Defendant Information**

Name: Eugene Timothy Baker

DOB: 04/12/1977

Phone: 555

Case Nbr 384509384059

Judge

Date Sentenced: 02/23/2001

Date of Last Drug Test: 08/12/2002

Result: Negative

Component(s) Defendant Enrolled In	Enrolled	Sessions Attended	Absents	Absent dates since last report	Session Fee	Payment Current	Bal Past Due
Domestic Violence	11/06/00	20	2		\$25.00	NO	\$50.00

- The defendant has successfully completed the Batterers' Intervention Program  
 Defendant is participating in the program and is complying with program requirements.  
 This defendant is not appropriate for group sessions. (See Comments)

RATING SCALE: 0 = Unknown   1 = Unacceptable   2 = Needs Improvement   3 = Satisfactory   4 = Consistently   5 = Outstanding

- 3 .... Takes Responsibility for own behavior rather than denying, minimizing or blaming.  
4 .... Participates constructively in group.  
3 .... Appears motivated to improve himself/herself.  
4 .... Understands the dynamics of partner violence and abuse, including issues of power and control.  
3 .... Demonstrates a respectful, considerate, non-controlling attitude and approach to others, including the opposite sex.  
4 .... Appears to be using appropriate anger management skills and techniques (such as Time Out) in his/her life.  
3 .... Other:   Optional user enter text here if appropriate

- The defendant is not complying with program requirements for the following reason(s):
- The Defendant will be accepted back to the program after this matter is dealt with by the court.  
 The defendant should be referred to another program after this matter is dealt with by the court.

**Report Comments**

This section contains the Comments that are accessible for editing from several forms in Beacon. These comments flow to the Progress Report and become the narrative statements for the Progress Report.

I DECLARE THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT BASED UPON THE REQUIREMENTS OF THIS PROGRAM AND THE CALIFORNIA STATE STANDARDS FOR BATTERERS PROGRAMS.

Prepared by:  
Dr Michael Roberts, Director

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Signature