

OPTIONAL REPORT TITLE
Optional Report Sub Title

PROGRESS REPORT

Progress Note Date: 12/09/2002

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

FROM:
XXXXXXXXXXXXXXXXX
77 North Pacific Coast Hwy
Suite 211
Aliso Laguna, CA 92699
Phn: (949) 568-8999 Fax: (949) 568-8888
mikeroberts @ genesissvc.com

CLIENT

CURRENT STATUS: Enrolled

EUGENE TIMOTHY BAKER
453 Rosemead Blvd
Long Beach, CA 99099

Date of Birth: 04/12/1977 Telephone: (555) 232-5555
SSN: 221-45-6788

Concurrent Counseling Needs or AA/NA Treatment: Yes
AA Program of Long Beach

FEES

Program Cost: \$1,290.00
Enrollment Fee: \$0.00
Cost per Session: \$25.00
Balance Owing: \$575.00
Payments Current: Yes



Days Since
Last Report: 1st Rpt

Estimated
Completion Date: 05/19/2003

SESSION REQUIREMENTS AND ATTENDANCE

Date Enrolled: 11/06/2000 Dates Attended: 11/13/00, 11/20/00, 11/27/00, 12/04/00, 12/11/00, 12/18/00, 12/25/00,
Sessions Ordered: 52 01/01/01, 01/08/01, 01/22/01, 01/29/01, 02/05/01, 02/12/01, 02/19/01,
Sessions Attended: 29 02/26/01, 03/05/01, 03/12/01, 03/26/01, 04/02/01, 04/09/01, 11/21/02,
Dates Dismissed: 11/21/02, 11/21/02, 11/21/02, 11/21/02, 11/21/02, 11/21/02, 11/28/02,
12/02/02

Dates Re-Enrolled:

COMMENTS

Report Comments Report Comments Report Comments Report Comments Report Comments Report Comments Report Comments
Report Comments Report Comments

Report Comments Report Comments Report Comments Report Comments Report Comments Report Comments Report Comments
Report Comments Report Comments Report Comments Report Comments Report Comments Report Comments Report Comments
Report Comments Report Comments Report Comments Report Comments

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

Signature: _____
Authorized Representative

Date Signed: 09 Dec 2002

Printed Name: Dr Michael Roberts
Title: Director