



# DISCHARGE SUMMARY

U.S. PROBATION OFFICE & U.S. PRETRIAL SERVICES OFFICE  
EASTERN DISTRICT OF CALIFORNIA

**\*\*\* DUE WITHIN 15 DAYS OF DISCHARGE \*\*\***

From:

Service Provider:

BPA Number:

To:

USPO/USPSO:

Regarding:

Defendant/Offender:

PACTS Number:

Treatment Start Date:

Discharge Date:

Reason for Discharge:

Defendant/Offender responded to treatment and treatment is no longer needed.

Defendant/Offender failed to respond to treatment.

Defendant/Offender released from supervision.

Other:

Discharge Status:

Successful Discharge.

Unsuccessful Discharge.

Interruption of Treatment (Provide additional information/explanation below).

Other:

Summary of Drug/Alcohol Testing (If Applicable):

Summary of Counseling (Treatment Goals, Interventions/Modality, Achievements, If Applicable):

Recommendations for community-based aftercare, which are readily accessible to the defendant/offender:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Report Provided to USPO/USPSO</b>			
Date Report Provided:			
Report Provided Via:	Email	Fax	Mail