

MONTHLY SIGN IN LOG

Complete one form per person per month. Include all scheduled contacts. In the event the person does not attend a scheduled service, indicate “no show” in the comment column. In the event the person does not attend any services within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant’s/person under supervision’s name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).

Vendor:

Agreement #:

Defendant/Person Under Supervision:

PACTS #:

☐ Pretrial ☐ Post-Conviction

Service Month/Year:**Required co-payment (if applicable):**

Co-Payment Balance:

[illegible]

Additional Page

Defendant/Person Under Supervision Name:

[illegible]