

**State Bar of Michigan - Lawyers and Judges Assistance Program**  
**306 Townsend, Lansing, MI 48933**  
**Monitoring Report - MENTAL HEALTH**

**To:**

**From:**

**Re:**

**Date:**

**CC:**

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This report is furnished pursuant to the agreement between the above named monitoree and Monitoring Authority. All information is provided based on the best knowledge and evaluation of the above named monitor.

1. The monitoree has abstained from non-prescribed mood-altering substances since the last report. Yes \_\_\_\_ No \_\_\_\_

**Comments:**

2. The monitoree has attended all scheduled therapy and/or support meetings and has been verified on treatment/support Attendance Record. Yes \_\_\_\_ No \_\_\_\_

**Comments:**

3. Monitoree has been compliant with prescribed medication. Yes \_\_\_\_ No \_\_\_\_ NA \_\_\_\_

**Comments:**

4. Monitoree is in compliance with the terms of his/her Monitoring Agreement.

Yes \_\_\_\_ No \_\_\_\_

**Comments:**

Signature of Monitor: \_\_\_\_\_