

FEDERAL PROBATION/PRETRIAL SERVICES DISCHARGE SUMMARY PROFILE

Date:

Vendor:

Contract No.:

1. Number of Clients in program this Quarter _____

2. Number of Clients discharged this Quarter _____

3. Client discharge information for this Quarter

Number of Clients discharged for the following actions:

a. Successful completion of program requirements _____

b. Failure to complete program requirements _____

c. Terminated by probation/pretrial officer due to:

Expiration of supervision _____

Poor program adjustment _____

Warrant _____

Absconded _____

Sentenced _____

Aftercare/treatment order removed _____

Medical _____

Placed in another program _____

Moved _____

Deceased _____

No longer in need of program services(s) _____

Completed program successfully _____

Other _____