



New York City Lawyer Assistance Program
ATTORNEY SOBRIETY and RECOVERY MONITORING PROGRAM

MONITOR'S PROGRESS REPORT

Date _____

Client's Name _____

Monitor's Name _____

Report for the Month of _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| ▪ In your opinion, has the attorney met all of the requirements of the LAP Monitoring Program? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Have the attorney and monitor met on a regular basis, as per the LAP Monitoring Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Are requests for random drug screenings met in a timely fashion? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Have all random drug screenings been negative for this time period? (If not, please explain below.) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Is the attorney attending Twelve Step meetings? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Is the attorney participating in alcohol and/or substance abuse treatment programs other than in a Twelve Step program? (If yes, please explain below.) | <input type="checkbox"/> | <input type="checkbox"/> |

