

NOTIFICATION OF FEDERAL CLIENT
PROGRAM NONCOMPLIANCE

ATTN: _____

FROM: _____

DATE: _____

On _____, _____

missed a _____ due to _____

If due to late arrival, how many minutes? _____

_____ prior to the appointment.

If rescheduled, what date?

OTHER NONCOMPLIANCE:

COMMENTS:

Counselor's Signature

This form is to be sent to the supervising probation officer via ERS or faxed to the probation office. A copy must be maintained in the treatment file.

FAX NUMBERS

Little Rock Probation Office 501-324-5641

Jonesboro Probation Office 870-935-4977

Pine Bluff Probation Office 870-534-8498