

**Alabama Lawyer Assistance Program**

**MONITOR FORM**

**Month:** \_\_\_\_\_ **Name of Monitor** \_\_\_\_\_  
File Monthly

**In my opinion the following apply to** \_\_\_\_\_  
**(Name of Participant)**

\_\_\_\_\_ Attendance at recovery group meetings is appropriate.

\_\_\_\_\_ Behavior indicates a positive change consistent with recovery efforts.

\_\_\_\_\_ to my knowledge his family is supporting his recovery efforts.

\_\_\_\_\_ to my knowledge no legal issues have surfaced.

\_\_\_\_\_ He/she has been satisfactorily compliant to the assistance agreement.

\_\_\_\_\_ He/she states that random urine testing is being performed.

\_\_\_\_\_  
Monitoring Lawyer

\_\_\_\_\_  
Date

**Mail to:**  
ALAP Director  
415 Dexter Avenue  
Montgomery Al. 36104

Comments:

**Mark all correspondence Confidential.**