

**Chatham County Juvenile Court
Family Dependency Treatment Court(FDTC)
Home Visit Contact Sheet**

Date: _____

Time: _____

Participant's Name: _____

Address: _____

Was participant at home? Yes: _____ No: _____

Did the participant admit to using any drugs? Yes: _____ No: _____

If so, what drug: _____

Was an alcohol or drug test administered? Yes: _____ No: _____

Results: Positive: _____ Negative: _____

Were there any signs of alcohol or drug use in the home? Yes: _____ No: _____

If so, what and where? _____

Was participant cooperative? Yes: _____ No: _____

Officer (s) Comments:

Deputy Signature

Deputy Signature

Deputy Signature