



### WELLNESS COURT PROGRAM Discharge Summary

PARTICIPANT INFORMATION	
<b>Name:</b>	<b>Date of Birth:</b>
<b>Timeframe:</b>	

PARTICIPANT'S BACKGROUND

SUMMARY OF THE PARTICIPANT'S EXPERIENCE IN THE WELLNESS COURT PROGRAM
<p>1) Description of the participants overall progress and achievements while under the supervision of the case management team:</p> <p>2) Description of the participant's challenges experienced while under the supervision of the Case Management Team:</p> <p>3) Information relevant to the participant as an Indigenous person, if applicable:</p>

COMMENTS/DECISIONS/RECOMMENDATIONS

<b>Respectfully submitted,</b>	
<b>Case Manager</b>	<b>Date</b>