Revised 5-2023

# MONTHLY SIGN IN LOG

**Complete one form per person per month. Include all scheduled contacts. In the event the person does not attend a scheduled service, indicate "no show" in the comment column. In the event the person does not attend any services within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).**

**Vendor:**

**Agreement #:**

**Defendant/Person Under Supervision:**

**PACTS #:** ☐ Pretrial ☐ Post-Conviction

**Service Month/Year:**

**Required co-payment (if applicable):**

| Date | Defendant/Person under Supervision signature | Project Code | Time In | Time Out | Vendor Initials | Co-pay Received | Comments (i.e., no show, delivery method of telemedicine, no services) |
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Additional Page

Defendant/Person Under Supervision Name:

| Date | Defendant/Person under Supervision signature | Project Code | Time In | Time Out | Vendor Initials | Co-pay Received | Comments (i.e., no show, delivery method of telemedicine, no services) |
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