

[Facility Name]
[Facility Address]
[City, State, Zip Code]
[Phone Number]

Date: [Current Date]

RE: Certificate of Completion and Discharge Summary

TO: [Court Name / Judge Name]
Case Number: [Insert Case #]
Probation Officer/Legal Representative: [Name]

Client Name: [Patient Name]
Date of Birth: [DOB]
Admission Date: [Start Date]
Discharge Date: [Completion Date]

To Whom It May Concern,

This letter serves as formal notification that **[Patient Name]** has successfully completed the court-mandated substance abuse treatment program at [Facility Name].

Program Details:

The client participated in a [Number]-day [Inpatient/Outpatient] program. During this period, the client fulfilled all requirements, including individual counseling, group therapy sessions, and educational workshops regarding substance abuse recovery.

Compliance and Progress:

Throughout the duration of the program, [Patient Name] remained in full compliance with all facility rules and court-ordered mandates. The client submitted to random drug screenings on [List Dates or Frequency], all of which yielded negative results for illicit substances.

Discharge Recommendation:

Based on the client's active participation and successful completion of treatment goals, we recommend a successful discharge from this program. The client has been provided with an aftercare plan consisting of [List Aftercare, e.g., weekly AA meetings, outpatient follow-ups].

If the court requires further documentation or specific clinical evaluations, please contact the undersigned at [Phone Number].

Sincerely,

[Signature]
[Name of Counselor/Program Director]

[Title/Credentials]
[Facility Name]