



# SPONSOR REPORT

Client Name: \_\_\_\_\_

Monthly/Quarterly Report from: \_\_\_\_\_ to \_\_\_\_\_  
Mo/day/yr Mo/day/yr

What step is your sponsoree working? \_\_\_\_\_

Any comments? \_\_\_\_\_

How often has your sponsoree contacted you since your last report? \_\_\_\_\_

Do you feel your sponsoree is attending enough meetings? \_\_\_\_\_

Why or why not? \_\_\_\_\_

Is there any information you feel we need to know that would be useful in assisting this person in their recovery?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate at least one preferred method for us to contact you.

\_\_\_\_\_  
Sponsor's First Name

\_\_\_\_\_  
Last Initial

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

This report is due by the \_\_\_\_\_ of each month.  
*See web site for due dates.*

**Mail Original To: Peer Assistance Services, Inc.  
2170 S. Parker Road, Suite 229  
Denver, CO 80231  
Phone: 303.369.0039 or 866.369.0039  
Fax: 720.213.1007**