

Name _____ Apt # _____ Phone _____ Email _____

REPORT

ACTION

Date: **Scheduled by:** Bishop, Member
Confession: Voluntary, Reluctant
Transgression:
 Moral: LP, HP, MB, Pornography, HS, OS, SS, SI
 Clothes on, Clothes off

Word of Wisdom:
 Alcohol, Tobacco, Drugs

Frequency of occurrence:
Date of last occurrence:
Other person involved:
 Name-
 Member: Yes, No
 Ward/Bishop

Probationary Status:
 Caution, Informal Probation,
 Council, Notify Honor Code Office

Restrictions:
 Sacrament- ___ weeks
 Temple- ___ weeks, hold recommend
 Calling- Keep, Release
 Other-

Assignments:
 Willing to follow Bp's counsel? Y, N
 Reading Assignment: _____
 Scriptures-
 Prayer-
 Visits- Weekly, twice/mo, once/mo
 Written assignment-
 Read Patriarchal Blessing
 Apologies

Date

Date

Date

Date

Date

Date