Phase I Requirements



Participant Name: Case Number:	Date Reviewed:
Review each requirement with	staff and initial you understand the expectation
	k or every other week at: <u>2317 Tuolumne Street,</u> in Department 97B by Zoom or In Person as directed
I will follow my treatment pla	an.
I will stay in contact with my	Case Manager or Probation Officer as directed.
I will comply with the rules of from the use of alcohol.	f the alcohol monitoring program, and will abstain
	ement and/or supervision officers associated to the y come into my residence for home visits.
	environment that supports my recovery. I will keep my ourt Coordinator informed if my residency changes.
I will maintain or find employ	ment a vocational training, or school, if possible.
I will follow the transportatio	on plan set for me.
I acknowledge my curfew is a	t 9:00 p.m.
Other:	
•	r Phase 1 and understand my responsibilities to the rs as made by the Court will supersede this agreement.
Client Signature	

Phase II Requirements



Participant Name: Date Reviewed:		
Review each requirement with sta	off and initial you understand the expectation	
_	eek at: <u>2317 Tuolumne Street, Fresno, CA 93721 at</u> oom or In Person as directed by the judge.	
I will follow my treatment plan.		
I will stay in contact with my Case	e Manager or Probation Officer as directed.	
I will comply with the rules of the from the use of alcohol.	e alcohol monitoring program, and will abstain	
	nt and/or supervision officers associated to the me into my residence for home visits.	
	ironment that supports my recovery. I will keep my t Coordinator informed if my residency changes.	
I will maintain or find employme	nt a vocational training, or school, if possible.	
I will develop a financial plan and	d follow it.	
I will continue following the trans	sportation plan set for me.	
I will address all medical needs in	dentified.	
I acknowledge my curfew is at 10	0:00 p.m.	
Other:		
-	nase 2 and understand my responsibilities to the s made by the Court will supersede this agreement.	
Client Signature	 Date	

Phase III Requirements



Participant Name:	Frèsno	
Case Number:	Date Reviewed:	
Review each requirement with staff and initial you understand the expectation		
	oasis at: <u>2317 Tuolumne Street, Fresno, CA 93721 at soom or In Person as directed by the judge.</u>	
I will follow my treatment plan.		
I will stay in contact with my Cas	e Manager or Probation Officer as directed.	
I will comply with the rules of th from the use of alcohol.	e alcohol monitoring program, and will abstain	
	ent and/or supervision officers associated to the ome into my residence for home visits.	
·	nt that supports my recovery. I will keep my t Coordinator informed if my residency changes.	
I will maintain my employment,	vocational training, or schooling.	
I will maintain attending peer re	covery groups and establish a recovery network.	
I will begin a criminal thinking p	rogram.	
I will engage in a pro-social activ	ity.	
I will maintain my financial plan.		
I will continue following the tran	sportation plan set for me.	
I will continue addressing all me	dical needs identified.	
I acknowledge my curfew is at 12	1:00 p.m.	
•	hase 3 and understand my responsibilities to the s made by the Court will supersede this agreement.	
Client Signature	 Date	

Phase IV Requirements



Participant Name:	
Case Ni	umber: Date Reviewed:
Rev	iew each requirement with staff and initial you understand the expectation
	will attend court on a bi-monthly basis at: <u>2317 Tuolumne Street, Fresno, CA</u> 93721 at 1:30 pm in Department 97B by Zoom or In Person as directed by the judge
I	will follow my treatment plan.
I	will stay in contact with my Case Manager or Probation Officer as directed.
	I will comply with the rules of the alcohol monitoring program, and will abstain from the use of alcohol.
	will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.
	will reside in a safe environment that supports my recovery. I will keep my supervision officer and DUI Court Coordinator informed if my residency changes.
I	will maintain attending peer recovery groups and my recovery network.
I	will maintain my employment, vocational training, or schooling.
I	will complete my criminal thinking program.
l	will continue participating in a pro-social activity.
I	will address ancillary services as needed (parenting classes, family support, etc.).
l	will maintain my financial plan.
	will continue following the transportation plan set for me and address reinstatement of my drivers license.
l	will work with my treatment providers to develop a continuing plan of care.
	acknowledge my curfew is at 12:00 a.m.
	eviewed the requirements for Phase 4 and understand my responsibilities to the ent court program. Any orders as made by the Court will supersede this agreement.
Client Sig	onature Date