

Application for Graduation



Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ E-mail: _____

You MUST meet the following criteria to Phase Up: (check box if task is completed):

- You have been in Phase 4 for a minimum of 120 days. Date entered Phase 4: _____.
- You have a minimum of 90 consecutive days of sobriety. What is your sobriety date? _____.
- Are you engaged in treatment and attending regularly?
Case Manager verification signature: /S/ _____.
- Are you in compliance with supervision?
Probation verification signature: /S/ _____.
- Are you enrolled and actively attending your SB38 Classes? Program: _____.
- Are you engaged in recovery support groups? Home group: _____.
- Are you engaged in pro-social activities? What: _____.
- Are you employed or going to school? Where: _____.
- Presented continuing care plan to treatment court team?
- Letter prepared to submit to Program?
- Identify your coping responses, if triggered:
 - o _____
 - o _____
 - o _____
- Identify some community resources you can reach out to if need additional support:
 - o _____
 - o _____
 - o _____

You are encouraged to have your family/friends share in celebrating this accomplishment by attending Court with you.

/S/ _____
Participant Signature

Date

/S/ _____
Court Coordinator
Signature to Approve

Date