

Application for Phase II



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 Orientation/Phase 1 for a minimum of 60 days.
Date enrolled into program: _____.
- You have a minimum of 14 consecutive days of sobriety. What is your sobriety date?

- Are you engaged in treatment and attending regularly?
Case Manager verification required.
- Are you in compliance with supervision?
Probation verification required.
- Identify some of your biggest struggles in Phase 1:
 - _____
 - _____
 - _____
- Identify some personal goals you would like to accomplish in the next phase:
 - _____
 - _____
 - _____

/S/ _____ /S/ _____
Participant Signature Date Court Coordinator Signature to Approve Date

All applications must be e-mailed to the DUI Court Coordinator at least two days prior to Review Hearing.
E-mail: DUICourt@fresno.courts.ca.gov