

# Application for Phase IV



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 3 for a minimum of 90 days. Date entered Phase 3: \_\_\_\_\_.
- You have a minimum of 60 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.**
- 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? List activities: \_\_\_\_\_.
- Are you employed or going to school? Where: \_\_\_\_\_.
- Identify some of your biggest struggles in Phase 3:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Identify some personal goals you would like to accomplish in the next phase:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

/S/ \_\_\_\_\_  
Participant Signature

\_\_\_\_\_ Date

/S/ \_\_\_\_\_  
Court Coordinator  
Signature to Approve

\_\_\_\_\_ Date