

Application for Phase II



Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

You MUST meet the following criteria to Phase Up: (place an "X" 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: _____

- You are 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:
 - _____
 - _____
 - _____

Participant Signature Date

Court Coordinator Signature to Approve Date

All applications must be e-mailed to the DUI Court Coordinator at least 2 days prior to Review Hearing.
E-mail: DUICourt@fresno.courts.ca.gov

Application for Phase IV



Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

You MUST meet the following criteria to Phase Up: (place an "X" 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: _____

You are engaged in treatment and attending regularly?
Case Manager verification required.

Are you in compliance with supervision?
Probation verification required.

Enrolled and actively attending your SB38 Classes? Program: _____

Engaged in recovery support groups? Home group: _____

Engaged in pro-social activities? What: _____

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:

- _____
- _____
- _____

Participant Signature

Date

Court Coordinator Signature to Approve

Date

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Application for Graduation



Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

You MUST meet the following criteria to Phase Up: (place an "X" 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: _____

You are engaged in treatment and attending regularly?

Case Manager verification signature: _____

Are you in compliance with supervision?

Probation verification signature: _____

Enrolled and actively attending your SB38 Classes? Program: _____

Engaged in recovery support groups? Home group: _____

Engaged in pro-social activities? What: _____

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:

- _____
- _____
- _____

Identify some community resources you can reach out to if need additional support:

- _____
- _____
- _____

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

Participant Signature Date

Court Coordinator Signature to Approve Date

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