

Application for Phase III



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 2 for a minimum of 90 days. Date entered phase 2 : _____

You have a minimum of 30 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: _____

Identify some of your biggest struggles in Phase 2:

- _____
- _____
- _____

Identify some personal goals you would like to accomplish in the next phase:

- _____
- _____
- _____

Client Signature

Date

Court Coordinator Signature to Approve

Date

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: _____

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:

○ _____

○ _____

○ _____

Client Signature

Date

Court Coordinator Signature to Approve

Date