

Application for Phase III



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 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?

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 2:

- _____
- _____
- _____

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

- _____
- _____
- _____

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