

Application for Phase 2

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 1 for a minimum of 90 days. Date contracted into program: _____

You have a minimum of 45 consecutive days of sobriety. What is your sobriety date: _____

You have maintained your monthly payment of \$100?

Last payment date: _____ **Amount Due:** _____

You are engaged in treatment and attending regularly?

Last date attended: _____

You are engaged in recovery support groups?

Last attendance date & current step working on: _____

Identify 3 of your biggest struggles in Phase 1:

○ _____

○ _____

○ _____

Identify 3 personal goals you would like to accomplish in the next phase:

○ _____

○ _____

○ _____

Client Signature

Date

Court Coordinator Signature to Approve

Date

Application for Phase 3

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 60 consecutive days of sobriety. What is your sobriety date: _____

You have maintained your monthly payment of \$100?

Amount owed: _____ **Last payment date:** _____

You are engaged in treatment and attending regularly? Program name: _____

Last date attended: _____

You are engaged in recovery support groups and obtained a sponsor?

Sponsor name & number: _____

Last date attended & current step working on: _____

You have started completing VWP days or community service hours?

Total days/hours assigned: _____ **Days/hours completed:** _____

Identify 3 of your biggest struggles in Phase 2:

○ _____

○ _____

○ _____

Identify 3 personal goals you would like to accomplish in the next phase:

○ _____

○ _____

○ _____

Client Signature

Date

Court Coordinator Signature to Approve

Date

Application for Phase 4

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 90 consecutive days of sobriety. What is your sobriety date: _____

You have maintained your monthly payment of \$100?

Amount owed: _____ **Last payment date:** _____

You are engaged in treatment and attending regularly? Program name: _____

Last date attended: _____

You are engaged in recovery support groups and obtained a sponsor?

Sponsor name & number: _____

Last date attended & current step working on: _____

You have started completing VWP days or community service hours?

Total days/hours assigned: _____ **Days/hours completed:** _____

You completed the MADD Victim Impact Panel? Date attended: _____

Identify 3 of your biggest struggles in Phase 3:

○ _____

○ _____

○ _____

Identify 3 personal goals you would like to accomplish in the next phase:

○ _____

○ _____

○ _____

Client Signature

Date

Court Coordinator Signature to Approve

Date

Application for Commencement

Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

You MUST meet the following criteria for program completion: *(place an "X" if task is completed)*

You have been in Phase 4 for a minimum of 180 days. Date entered phase 4: _____

You have a minimum of 120 consecutive days of sobriety. What is your sobriety date: _____

You have paid in full?

You are engaged in treatment and attending regularly? Program name: _____

Last date attended: _____

You are engaged in recovery support groups and obtained a sponsor?

Sponsor name & number: _____

Last date attended & current step working on: _____

You have completed your VWP days or community service hours?

Total days/hours assigned: _____ **Days/hours completed:** _____

Presented continuing care plan to treatment court team?

Identify 3 coping responses if triggered:

○ _____

○ _____

○ _____

Identify 3 community resources you can reach out to if need additional support:

○ _____

○ _____

○ _____

Client Signature

Date

Court Coordinator Signature to Approve

Date