Application for Phase 2

ne:	Date Turned in:		
	Phone:		
	Email:		
You MUST meet the following	g criteria to Phase Up: (place an "X" if task	is completed)	
You have been in Phase 1 for a m	inimum of 90 days. Date contracted into pro	ogram:	
You have a minimum of 45 conse	cutive days of sobriety. What is your sobriet	zy date:	
You have maintained your month Last payment date:	aly payment of \$100? Amount Due:		
You are engaged in treatment and Last date attended:	•		
You are engaged in recovery supplemental You are engaged in You are engag	port groups? t step working on:		
Identify 3 of your biggest struggle	es in Phase 1:		
0			
	uld like to accomplish in the next phase:		
0			
	Date Court Coordinator Signature		

Application for Phase 3

me:	Date Turned in:		
rrent Address:	Phone:		
	Email:		
You MUST meet the following	ng criteria to Phase Up: (place an "X" if task is completed))	
	ninimum of 90 days. Date entered phase 2:		
☐ You have a minimum of 60 conse	ecutive days of sobriety. What is your sobriety date:		
You have maintained your month Amount owed:	hly payment of \$100? Last payment date:		
	nd attending regularly? Program name:		
	oport groups and obtained a sponsor?		
Last date attended & current s	step working on:		
	/P days or community service hours? Days/hours completed:		
	• • •		
☐ Identify 3 of your biggest struggl			
0			
·			
Identify 2 percenal goals you we	ould like to accomplish in the next phase:		
	und like to accomplish in the next phase.		
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0			
Client Signature	Date Court Coordinator Signature to Approve	 Dat	

Application for Phase 4

Vame:	Da	te Turned in:			
	Ph	Phone:			
	En	nail:			
You MUST meet the follo	owing criteria to	Phase Up: (place an "X" if task is completed)		
☐ You have been in Phase 3 for	a minimum of 9	0 days. Date entered phase 3:			
☐ You have a minimum of 90 c	onsecutive days	of sobriety. What is your sobriety date:	<u></u>		
☐ You have maintained your m					
Amount owed:	Last payme	nt date:			
You are engaged in treatment Last date attended:	_	regularly? Program name:			
		and obtained a sponsor?			
Last date attended & curre	nt step working	g on:			
You have started completingTotal days/hours assigned		mmunity service hours? Days/hours completed:			
☐ You completed the MADD Vi	ctim Impact Pand	el? Date attended:			
☐ Identify 3 of your biggest str		3: 			
0					
☐ Identify 3 personal goals you					
					
-					
0					
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Client Signature	Date	Court Coordinator Signature to Approve	Date		

Application for Commencement

me:	Da	ite Turned in:	
rent Address:	Phone:		
	En	nail:	
You MUST meet the following crite	ria for pro	gram completion: (place an "X" if task is com	pleted)
		80 days. Date entered phase 4:	
		s of sobriety. What is your sobriety date:	
You have paid in full?			
•	d attanding	regularly? Program name:	
Last date attended:	_		
Voy are engaged in recovery curr	out anoung	and obtained a anongor?	
		and obtained a sponsor?	
_		g on:	
☐ You have completed your VWP da	ays or comn	nunity service hours?	
Total days/hours assigned:		Days/hours completed:	
Presented continuing care plan to	treatment	court team?	
☐ Identify 3 coping responses if trig	gered:		
0			
0			
0			
☐ Identify 3 community resources y	ou can reac	ch out to if need additional support:	
0			
0			
0			
Client Signature	—— Date	Court Coordinator Signature to Approve	Date