

Court Supervised Treatment- 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 30 days. Date contracted into program: _____

You have a minimum of 14 consecutive days violation free. What is your sobriety date: _____

You are engaged in treatment and attending regularly?

Treatment verification signature: _____

Are you in compliance with supervision?

Probation verification signature: _____

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

Case Manager Signature to Approve

Date

Court Supervised Treatment- 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 30 consecutive days violation free.

You are engaged in treatment and attending regularly?

Counselor verification signature: _____

Are you in compliance with supervision?

Probation verification signature: _____

Attended budget meeting with Foundations?

What have you identified as your weekly peer sober support group? _____

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

Case Manager Signature to Approve

Date

Court Supervised Treatment- 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 30 consecutive days violation free.

You are engaged in treatment and attending regularly?

Counselor verification signature: _____

You are engaged in cognitive behavioral therapy program?

Case Manager verification signature: _____

Are you in compliance with supervision?

Probation verification signature: _____

What have you identified as your weekly sober peer support? _____

Completed 20 hours of community service with verification turned in (old program) OR Phase 3 Project? What & when: _____

Identify 2 of your biggest struggles in Phase 3:

○ _____

○ _____

Identify 2 personal goals you would like to accomplish in the next phase:

○ _____

○ _____

Client Signature

Date

Case Manager Signature to Approve

Date

Court Supervised Treatment- 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 5 for a minimum of 90 days AND had less than 3 technical violations starting Phase 2 through current date (late check in, missed appointment, etc.)?

Case Manager verification signature: _____

OR

- You have been in Phase 5 for a minimum of 120 days. Date entered phase 5: _____

AND

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

- You have a minimum of 30 consecutive days violation free.

- You are engaged in treatment and attending regularly?

Counselor verification signature: _____

- You completed cognitive behavioral program?

Case Manager verification signature: _____

- Are you in compliance with supervision?

Probation verification signature: _____

- Engaged in sober peer support groups. What is this? _____

- Complete Phase 5 Community Project:

When/What: _____

- Presented summary of continuing care plan to treatment court team? (During interview)

- Identify 2 coping responses if triggered:

- Identify 2 community resources you can reach out to if need additional support:

Client Signature

Date

Case Manager Signature to Approve

Date