

**Phase-up Request**

**Program:**  CARE Court  Drug Court  DUI Court  Family Treatment Court

**Phase-up Request: Phase 1 to Phase 2**

I, \_\_\_\_\_, am requesting a review to move from Phase I to II. My phase-up eligibility date is \_\_\_\_\_. By initialing below, I agree I have completed the following requirements:

\_\_\_\_\_ I have achieved and maintained a drug and alcohol-free lifestyle, evidenced by consistently negative drug screens and is has been at least 4 weeks since my last missed, positive, or diluted drug screen or last jail sanction.

My sobriety date is: \_\_\_\_\_.

\_\_\_\_\_ I have paid the required fees and my attendance is consistent

\_\_\_\_\_ I am employed full time, school full time, or have other approval from my Accountability Court.

\_\_\_\_\_ I attended all required court sessions

\_\_\_\_\_ I have been respectful and supportive of my peers and staff.

\_\_\_\_\_ My drivers license status is: \_\_\_\_\_

\_\_\_\_\_ I have completed and submitted my life story. (Drug Court Only)

\_\_\_\_\_ I had an ignition interlock device installed on \_\_\_\_\_ (Write N/A if not applicable).

3 goals I have for the upcoming phase:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

I have completed my phase-up evaluation with a treatment provider on \_\_\_\_\_

\_\_\_\_\_  
Treatment Provider

---

By signing this form, I agree that I have completed all the above requirements and would like to be considered to phase-up.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

---

**Office Use Only:**

Date received: \_\_\_\_\_ Eligible for credit back to: \_\_\_\_\_

Approved  Denied Reason: \_\_\_\_\_

\_\_\_\_\_  
Case Manager Signature and Date

Effective Date: \_\_\_\_\_