

**Phase-up Request**

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

**Phase-up Request: Phase 2 to Phase 3**

I, \_\_\_\_\_, am requesting a review to move from Phase II to III. 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 \_\_\_\_\_ weeks since my last missed, positive, or diluted drug screen and \_\_\_\_\_ weeks since my last jail sanction. My sobriety date is: \_\_\_\_\_.

My Sponsor is \_\_\_\_\_, phone # \_\_\_\_\_.

\_\_\_\_\_ My home group is \_\_\_\_\_. I attend at least (circle one): **1** **2** community support meetings per week.

\_\_\_\_\_ I have paid the required fees and my attendance is consistent, including groups and court sessions.

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

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

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

\_\_\_\_\_ I completed the DUI Risk Reduction Program on \_\_\_\_\_ and provided a certificate of completion to the DUI Court Office and probation. (Write N/A if not applicable)

\_\_\_\_\_ I completed a Multiple Offender Clinical Evaluation on \_\_\_\_\_ and provided proof to the DUI Court Office and probation. (Write N/A if not applicable)

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

3 goals I have for the upcoming phase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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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: \_\_\_\_\_