

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 1 to 2. My phase-up eligibility date is _____. By initialing below, I agree I have completed the following requirements:

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.

3 goals I have for the upcoming phase:

Drug Court:

_____ I have completed and submitted my life story.

DUI Court:

_____ My drivers license status is: _____

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

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: _____