

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 2 to 3. My phase-up eligibility date is _____. By initialing below, I agree I have completed the following requirements:

My sobriety date is: _____.

My Sponsor/Mentor/Peer Recovery Coach 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.

3 goals I have for the upcoming phase: _____

DUI Court:

_____ My driver's 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) If utilizing Clinical Evaluation through ACO, I have submitted a copy of my NEEDS assessment and paid the fee.

_____ 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.

Office Use Only:

Date received: _____ Eligible for credit back to: _____

Approved Denied Reason: _____

Case Manager Signature and Date Effective Date: _____

Phase-up Request

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Participant Signature

Date

Office Use Only:

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Approved Denied Reason: _____

_____ Effective Date: _____
Case Manager Signature and Date