

**DUI Court
Graduation/Maximum Benefit Request**

I, _____, am requesting a review by the DUI Court team to graduate or receive a maximum benefit certificate. My graduation eligibility date is _____. By initialing below, I agree I have completed the following requirements:

_____ I have paid all program fees, probation fees, and any court fines.

_____ I have attended a minimum of 12 weeks of group counseling sessions.

_____ I have been respectful and supportive of my peers and DUI Court staff.

_____ I have at least 90 days of documented sobriety and time without jail sanctions.

_____ I am employed full-time, in school full-time, or have other approval from the DUI Court Office.

_____ I have attended a Completion Meeting to review my progress and goals with a representative from treatment.

Date of completion meeting: _____

_____ My home group is _____ and I attend at least one recovery meeting per week. My sponsor/mentor is _____. Phone #: _____

_____ My sobriety date is: _____.

_____ My license status is: _____. I had an ignition interlock device installed on: _____ (Write N/A if not applicable)

_____ I completed my Giving Back Project and submitted all required documentation to the DUI Court Office.

_____ I wrote my Life Story/Letter to the Judge and submitted it to the DUI Court Office.

_____ I completed my Recovery Plan for Graduation and submitted it to the DUI Court Office.

_____ I attended a Phase I group counseling session on _____.

I agree that I have completed all the above requirements and would like to be considered for graduation, or to receive a maximum benefit certificate, by the DUI Court team.

Participant Signature and Date

Treatment Signature and Date

DUI Court Office Use

Case Manager Signature and Date Received

Recovery Plan for Graduation

(attach additional pages if necessary)

List five things you have learned in the DUI Court Program and describe how these things will benefit you after graduation:

Identify five risk factors/indicators/triggers for you and explain your plan for remaining clean and sober in the face of each temptation:

List at least five people that are involved in your recovery that you could access at any time should you need them, explain their impact on your recovery:

Discuss three relationships that are important to you and tell how they have improved since you stopped drinking and using:

What would you change or do differently to make DUI Court better?

Giving Back Project Request

*Submit 3 different ideas and details for your project(s)
to the DUI Court Office for approval.*

Name: _____

Project
Idea: _____

Project
Idea: _____

Project
Idea: _____

DUI COURT OFFICE USE ONLY

Approved _____

Not Approved _____

Notes _____

DUI COURT GIVING BACK PROJECT LOG

VOLUNTEER HOURS: 24 NAME: _____

AGENCY: _____

SUPERVISOR'S NAME/TITLE/CONTACT INFORMATION:

DATE	AGENCY	IN	OUT	TOTAL HRS	PARTICIPANT'S SIGNATURE	SUPV. INITIALS
	TOTAL					

Forsyth County Accountability Court Program Evaluation

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

Please provide the court with your feedback of the program. This information will be kept completely confidential. Your participation is voluntary. Please place your completed form in the attached envelope and drop into the dropbox.

1. What is your age? _____
2. How many children under 19 live in your household? _____
3. How do you identify your race? _____
4. What is the highest level of schooling you completed? _____
5. How do you identify your gender? _____
6. What is your total monthly household income before taxes? _____
7. How did you hear about The Forsyth County Accountability Court Program?

8. How long has the issue that brought you to the court been previously unresolved?

9. Before coming into the program, where or from whom did you receive treatment?

10. If so, was the treatment helpful? _____

Answer the following statements with one of the following replies: Strongly Disagree (SD), Disagree (D), Neither Agree (N), Strongly Agree (SA), Agree (A), N/A

11. I was able to find the Accountability Court office easily. SD D N SA A N/A
12. I was treated with courtesy and respect by Staff. SD D N SA A N/A
13. The Accountability Court Program website was useful. SD D N SA A N/A
14. I was able to obtain services from the Accountability Court Program at a time that was convenient for me. SD D N SA A N/A
15. The information I received helped me to better understand my situation.
SD D N SA A N/A
16. The staff seemed knowledgeable. SD D N SA A N/A
17. The staff listened to what I had to say. SD D N SA A N/A
18. The staff explained things to me clearly. SD D N SA A N/A
19. I did not have to wait a long time to be assisted. SD D N SA A N/A
20. The Accountability Court Program helped me to move forward to resolve my situation. SD D N SA A N/A

21. Please circle the level of overall satisfaction with the services you received from the Accountability Court Program.

Very unsatisfied Unsatisfied Neither Satisfied Very satisfied

22. What was most helpful during your experience with the Program?

23. What was most frustrating during your experience with the Accountability Court Program?

24. Are you successfully completing the program or being terminated from the program?

25. Any additional comments/suggestions
