

# GRADUATION REQUIREMENTS

Upon completion of Phase 5, you will be eligible for graduation. However, several graduation requirements must be met prior to your graduation recommendation.

1. Write a letter to the Judge regarding your progress in the Drug Court Program, letter must be submitted to and approved by Coordinator, and must include the following:
  - Background: Life before Drug Court
  - Arrest situation
  - Reflections on Drug Court success
  - Reflections on Drug Court struggles
  - Plans/Goals for future: personal and recovery
2. Complete Giving Back Project
  - Project/Site to be approved by Coordinator (see form attached)
  - Minimum of 24 volunteer hours
  - Documentation must be verified by Coordinator
  - Submit to Coordinator a written summary of how/why project was chosen, feelings while completing project, personal reactions after project completion
3. All Drug Court/Treatment fees must be paid in full or substituted community service work must be completed.
4. Complete Phase 1 group (form attached, must schedule with treatment staff)
5. Complete recovery plan with assistance of treatment staff and submit to Coordinator (form attached)
6. Meet with treatment staff to complete last evaluation (Request for Graduation form attached)
7. Provide certification of having a GED, high school diploma, or other educational improvements records
8. Meet with Drug Court Coordinator or designated staff to review completed requirements

After you have completed the above requirements, the Drug Court Coordinator will recommend your graduation from the program to the Treatment Team. Successfully completing the Forsyth County Drug Court Program will result in your original charges being dismissed; or, if you are on probation, it will reflect satisfactory completion of that condition of your probation and possible early termination from probation. This process will be facilitated by the District Attorney's Office or the Probation Department and will be granted by the Drug Court Judge.





### GIVING BACK PROJECT LOG

VOLUNTEER HOURS: 24 NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

SUPERVISOR'S NAME/TITLE/CONTACT INFORMATION:  
\_\_\_\_\_  
\_\_\_\_\_

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

*Giving Back Project Request*

Name: \_\_\_\_\_

Project  
Idea: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project  
Idea: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project  
Idea: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project  
Idea: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your project ideas above and submit for approval.

**Forsyth County Drug Court**

Requirement for Graduation  
Complete Phase 1 Group

Participant Name: \_\_\_\_\_

Completion Date: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Leader Signature

\_\_\_\_\_  
Date

(Make sure the counselor who led the group signs this form to show you were present.)

**\*\*\* You have to schedule your Phase 1 group with treatment staff before you complete it. \*\*\***

# DRUG COURT TRANSFER REQUEST: GRADUATION

I am requesting a review by the Drug Court Team to graduate on or before \_\_\_\_\_ . By initialing below, I agree I have completed the following tasks as required:

\_\_\_\_\_ I have achieved and maintained a drug free lifestyle, evidenced by consistently negative drug screens and it has been at least 6 months since my last missed, positive, or diluted drug screen or use of unapproved substance. AND, it has been at least 3 months since release from my last jail time sanction.

\_\_\_\_\_ I have paid **ALL** required treatment fees and administrative fees.

\_\_\_\_\_ I have written my letter to the Judge, had it approved by Coordinator, and have an appointment with the Judge for an exit interview.

\_\_\_\_\_ I have completed my Giving Back Project, provided written documentation, and gotten approval from the Coordinator.

\_\_\_\_\_ I have completed my recovery plan, reviewed it with my counselors, and turned a copy of it in to the Coordinator.

\_\_\_\_\_ I have obtained my GED if I am capable and did not have it prior to entry or have submitted a copy of my high school diploma or other relevant document.

\_\_\_\_\_ I have met with the treatment representative and have reviewed my progress/goals.

\_\_\_\_\_ I have attended and documented at least one Phase 1 group.

I agree that I have completed all of the above requirements and would like to be considered for graduation.

Participant	Date	Treatment Representative	Date
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- Approved
- Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
Drug Court Coordinator

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