

Phase-up Request

Program: CARE Court Drug Court DUI Court Family Treatment Court

Phase-up Request: Phase 3 to Phase 4

I, _____, am requesting a review to move from Phase 3 to 4. 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 program and probation 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.

_____ I have completed the LS-CMI assessment with treatment staff.

3 goals I have for the upcoming phase: _____

Drug Court:

_____ I have completed at minimum of 3 individual sessions (if not completed earlier in the program).

_____ I have provided a copy of my diploma/GED of the results of the GED pretest taken since program entry.

DUI Court:

_____ My drivers license status is: _____

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

_____ I completed a Victim Impact Panel on _____ and provided proof to the DUI Court Office and probation. (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: _____