

# 41-A DC Sobriety Court Application for Phase 3

Name: \_\_\_\_\_ Date Turned in: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**You MUST meet the following criteria to Phase Up:** *(place an "X" if task is completed)*

You have been in Phase 2 for a minimum of 90 days. Date entered phase 2 : \_\_\_\_\_

You have a minimum of 30 consecutive days of sobriety. What is your sobriety date: \_\_\_\_\_

You are engaged in treatment and attending regularly?  
**Counselor/Case Manager verification signature:** \_\_\_\_\_

Are you in compliance with supervision?  
**Probation/Case Manager verification signature:** \_\_\_\_\_

Identify 3 of your biggest struggles in Phase 2:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Identify 3 personal goals you would like to accomplish in the next phase:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Court Coordinator Signature to Approve*

\_\_\_\_\_  
*Date*