

41-A DC Sobriety Court Application for Phase 5

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 4 for a minimum of 90 days. Date entered phase 4: _____

You have a minimum of 60 consecutive days of sobriety. What is your sobriety date: _____

You are engaged in treatment and attending regularly?

Counselor/Case Manager verification signature: _____

You are engaged in criminal thinking program?

Counselor/Case Manager verification signature: _____

Are you in compliance with supervision?

Probation/Case Manager verification signature: _____

Engaged in recovery support groups? Home group: _____

Engaged in pro-social activities? What: _____

Employed or going to school? Where: _____

Identify 3 of your biggest struggles in Phase 4:

- _____
- _____
- _____

Identify 3 personal goals you would like to accomplish prior to completion:

- _____
- _____
- _____

Client Signature

Date

Court Coordinator Signature to Approve

Date