

41-A DC Sobriety Court Application for Graduation

Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

**Congratulations! You are nearing the end of your treatment court program.
You MUST meet the following criteria to Graduate: (place an "X" if task is completed)**

You have been in the program for a minimum of fifteen (15) months. Date started: _____

You have a minimum of six (6) months of consecutive days of sobriety. Sobriety date: _____

You have successfully completed substance use disorder treatment.

Counselor/Case Manager verification signature: _____

You have successfully completed the "Life Skills" program.

Counselor/Case Manager verification signature: _____

You have successfully completed the "Preparing for Graduation" program.

Counselor/Case Manager verification signature: _____

You are compliant with supervision.

Probation/Case Manager verification signature: _____

You have paid all fines, costs, attorney fees, restitution, oversight fees, and program fees in full.

You have a sponsor and are attending support groups on a regular, ongoing basis.

You have obtained a GED or high school diploma, if applicable.

You are employed full time or have a combination of work, school, and community service, for at least 35 hours per week.

You have successfully fulfilled all the obligations and requirements of services to which you were referred during program participation.

Participant Signature

Date

Court Coordinator Signature to Approve

Date