

## 41-A DC Sobriety Court Phase 1 Requirements

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

Staff: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

**Review each requirement with staff and initial you understand the expectation**

I will attend court in person every other week on WEDNESDAY at 11:00 AM with Judge Lepore.

I will follow my treatment plan.

I will comply with supervision and meet weekly with my supervision officer on time in person at the Probation Department. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

I will submit to random urine analysis testing as determined by the treatment court team. Testing call number: 800-494-1250 PIN: \_\_\_\_\_

I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

I will obtain a medical assessment if/as directed by my treatment team.

I acknowledge my curfew is at 9 p.m. I will immediately make my supervising officer aware of any appointments/work shifts/emergencies that interfere with this time.

I have reviewed the requirements for Phase I and understand my responsibilities to the treatment court program.

---

Client Signature

---

Date