Application for Phase 2

NCDC
NATIONAL CENTER
FOR DWI COURTS

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 1 for a minimum of 60 days. Date contracted into program: _____

☐ You have a minimum of 14 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 1:

- _____
- _____
- _____

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

- _____
- _____
- _____

_____ _____

Client Signature *Date* *Court Coordinator Signature to Approve* *Date*

Application for Phase 3

NCDC
NATIONAL CENTER
FOR DWI COURTS

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:

- o _____
- o _____
- o _____

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

- o _____
- o _____
- o _____

_____ _____

Client Signature *Date* *Court Coordinator Signature to Approve* *Date*

Application for Phase 4

NCDC
NATIONAL CENTER
FOR DWI COURTS

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 3 for a minimum of 90 days. Date entered phase 3: _____

☐ You have a minimum of 45 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: _____

☐ Engaged in recovery support groups? Home group: _____

☐ Engaged in pro-social activities? What: _____

☐ Identify 3 of your biggest struggles in Phase 3:

- _____
- _____
- _____

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

- _____
- _____
- _____

_____ _____

Client Signature *Date* *Court Coordinator Signature to Approve* *Date*

Application for Phase 5

NCDC
NATIONAL CENTER
FOR DWI COURTS

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:
  - o _____
  - o _____
  - o _____
- ☐ Identify 3 personal goals you would like to accomplish prior to completion:
  - o _____
  - o _____
  - o _____

_____ _____

Client Signature *Date* *Court Coordinator Signature to Approve* *Date*

Application for Commencement

NCDC
NATIONAL CENTER
FOR DWI COURTS

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 5 for a minimum of 90 days. Date entered phase 5: _____
- ☐ You have a minimum of 90 consecutive days of sobriety. What is your sobriety date: _____
- ☐ You are engaged in treatment and attending regularly?
  Counselor/Case Manager verification signature: _____
- ☐ You completed criminal thinking program?
- ☐ 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: _____
- ☐ Presented continuing care plan to treatment court team?
- ☐ Identify 3 coping responses if triggered:
  - o _____
  - o _____
  - o _____
- ☐ Identify 3 community resources you can reach out to if need additional support:
  - o _____
  - o _____
  - o _____

_____ _____

Client Signature *Date* *Court Coordinator Signature to Approve* *Date*