

Application for Phase 3



NADCP
National Association of
Drug Court Professionals

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

Application for Phase 4



NADCP
National Association of
Drug Court Professionals

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 Commencement



NADCP
National Association of
Drug Court Professionals

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:

○ _____

○ _____

○ _____

Identify 3 community resources you can reach out to if need additional support:

○ _____

○ _____

○ _____

Client Signature

Date

Court Coordinator Signature to Approve

Date