

# Phase 1 Requirements



**NADCP**  
National Association of  
Drug Court Professionals

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

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

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

\_\_\_\_ I will attend court every week at: \_\_\_\_\_.

\_\_\_\_ I will follow my treatment plan.

\_\_\_\_ I will comply with supervision and meet weekly with my supervision officer on time. 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. UA testing call number: \_\_\_\_\_ Color: \_\_\_\_\_

\_\_\_\_ 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 as directed by my treatment team.

\_\_\_\_ I acknowledge my curfew is at 9 p.m.

I have reviewed the requirements for phase 1 and understand my responsibilities to the treatment court program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Phase 2 Requirements



**NADCP**  
National Association of  
Drug Court Professionals

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

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

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

\_\_\_ I will attend court bi-monthly at: \_\_\_\_\_.

\_\_\_ I will follow my treatment plan.

\_\_\_ I will comply with supervision and meet weekly with my supervision officer on time. 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. UA testing call number: \_\_\_\_\_ Color: \_\_\_\_\_

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

\_\_\_ I start attending peer recovery groups.

\_\_\_ I will develop a financial plan and follow it.

\_\_\_ I will address all medical needs identified.

\_\_\_ I acknowledge my curfew is at 10 p.m.

I have reviewed the requirements for phase 2 and understand my responsibilities to the treatment court program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Phase 3 Requirements



**NADCP**  
National Association of  
Drug Court Professionals

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

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

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

\_\_\_ I will attend court monthly at: \_\_\_\_\_.

\_\_\_ I will follow my treatment plan.

\_\_\_ I will comply with supervision and meet bi-monthly with my supervision officer on time. 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. UA testing call number: \_\_\_\_\_ Color: \_\_\_\_\_

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

\_\_\_ I will maintain attending peer recovery groups and establish a recovery network.

\_\_\_ I will start life skills classes identified by the treatment court team.

\_\_\_ I will begin a criminal thinking program.

\_\_\_ I will engage in a pro-social activity.

\_\_\_ I will maintain my financial plan.

\_\_\_ I will address all medical needs identified.

\_\_\_ I acknowledge my curfew is at 11 p.m.

I have reviewed the requirements for phase 3 and understand my responsibilities to the treatment court program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Phase 4 Requirements



**NADCP**  
National Association of  
Drug Court Professionals

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

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

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

\_\_\_ I will attend court monthly at: \_\_\_\_\_.

\_\_\_ I will follow my treatment plan.

\_\_\_ I will comply with supervision and meet bi-monthly with my supervision officer on time. 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. UA testing call number: \_\_\_\_\_ Color: \_\_\_\_\_

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

\_\_\_ I will maintain attending peer recovery groups and my recovery network.

\_\_\_ I will find employment, vocational training, or school.

\_\_\_ I will continue my criminal thinking program.

\_\_\_ I will maintain participating in a pro-social activity.

\_\_\_ I will address ancillary services as needed (parenting classes, family support, etc.).

\_\_\_ I will maintain my financial plan.

\_\_\_ I will address all medical needs identified.

\_\_\_ I acknowledge my curfew is at 12 a.m.

I have reviewed the requirements for phase 4 and understand my responsibilities to the treatment court program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Phase 5 Requirements



**NADCP**  
National Association of  
Drug Court Professionals

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

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

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

- \_\_\_ I will attend court monthly at: \_\_\_\_\_.
- \_\_\_ I will follow my treatment plan and develop a continuing care plan.
- \_\_\_ I will comply with supervision and meet monthly with my supervision officer on time. 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. UA testing call number: \_\_\_\_\_ Color: \_\_\_\_\_
- \_\_\_ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.
- \_\_\_ I will maintain attending peer recovery groups and my recovery network.
- \_\_\_ I will maintain my employment, vocational training, or school.
- \_\_\_ I will complete my criminal thinking program.
- \_\_\_ I will maintain participating in a pro-social activity.
- \_\_\_ I will address ancillary services as needed (parenting classes, family support, etc.).
- \_\_\_ I will maintain my financial plan.
- \_\_\_ I will address all medical needs identified.

I have reviewed the requirements for phase 5 and understand my responsibilities to the treatment court program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date