



Adult Drug Treatment Court – Phase 2 Application

Name: _____ **Date Turned In:** _____

Address: _____ **Phone:** _____

_____ **Email:** _____

(Place an "X" if task has been completed and provide explanation, as applicable.)

☐ I have remained compliant in current phase the minimum number of consecutive days. Entry date: _____

☐ I have maintained sobriety in current phase for the minimum number of consecutive days. Sobriety date: _____

☐ I am actively engaged in treatment and attending counseling regularly.

Treatment Counselor Verification Signature: _____

☐ I am fully compliant with my Department of Corrections (DOC) supervision.

DOC Supervising Officer Verification Signature: _____

☐ I have identified below three (3) of my biggest struggles in current phase:

1. _____
2. _____
3. _____

☐ I have identified below three (3) personal goals I would like to accomplish in the next phase:

1. _____
2. _____
3. _____

Signature: _____ **Date:** _____



Adult Drug Treatment Court – Phase 3 Application

Name: _____ **Date Turned In:** _____

Address: _____ **Phone:** _____

_____ **Email:** _____

(Place an "X" if task has been completed and provide explanation, as applicable.)

☐ I have remained compliant in current phase for the minimum number of consecutive days. Entry date: _____

☐ I have maintained sobriety in current phase for the minimum number of consecutive days. Sobriety date: _____

☐ I am actively engaged in treatment and attending counseling regularly.

Treatment Counselor Verification Signature: _____

☐ I am fully compliant with my Department of Corrections (DOC) supervision.

DOC Supervising Officer Verification Signature: _____

☐ I have identified below three (3) of my biggest struggles in current phase:

1. _____
2. _____
3. _____

☐ I have identified below three (3) personal goals I would like to accomplish in the next phase:

1. _____
2. _____
3. _____

Signature: _____ **Date:** _____



Adult Drug Treatment Court – Phase 4 Application

Name: _____ **Date Turned In:** _____

Address: _____ **Phone:** _____

_____ **Email:** _____

(Place an "X" if task has been completed and provide explanation, as applicable.)

☐ I have remained compliant in current phase for the minimum number of consecutive days. Entry date: _____

☐ I have maintained sobriety in current phase for the minimum number of consecutive days. Sobriety date: _____

☐ I am actively engaged in treatment and attending counseling regularly.

Treatment Counselor Verification Signature: _____

☐ I am fully compliant with my Department of Corrections (DOC) supervision.

DOC Supervising Officer Verification Signature: _____

☐ I have completed a criminogenic thinking program. Completion date: _____

☐ I am engaged in a recovery support group. Home group: _____

☐ I am engaged in pro-social activities. If so, type: _____

☐ I have identified below three (3) of my biggest struggles in current phase:

1. _____

2. _____

3. _____

☐ I have identified below three (3) personal goals I would like to accomplish in the next phase:

1. _____

2. _____

3. _____

Signature: _____ **Date:** _____



Adult Drug Treatment Court – Phase 5 Application

Name: _____ **Date Turned In:** _____

Address: _____ **Phone:** _____

_____ **Email:** _____

(Place an "X" if task has been completed and provide explanation, as applicable.)

☐ I have remained compliant in current phase for the minimum number of consecutive days. Entry date: _____

☐ I have maintained sobriety in current phase for the minimum number of consecutive days. Sobriety date: _____

☐ I am actively engaged in treatment and attending counseling regularly.

Treatment Counselor Verification Signature: _____

☐ I am fully compliant with my Department of Corrections (DOC) supervision.

DOC Supervising Officer Verification Signature: _____

☐ I have completed a criminogenic thinking program. Completion date: _____

☐ I am engaged in a recovery support group. Home group: _____

☐ I am engaged in pro-social activities. If so, type: _____

☐ I am employed. If so, where: _____

☐ I am enrolled in school or vocational training. If so, where: _____

☐ I have identified below three (3) of my biggest struggles in current phase:

1. _____

2. _____

3. _____

☐ I have identified below three (3) personal goals I would like to accomplish in the next phase:

1. _____

2. _____

3. _____

Signature: _____ **Date:** _____