



Veterans Treatment Court – Graduation 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 for the minimum number of consecutive days. Entry date: _____

☐ I have maintained sobriety 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) or other probation supervision.

DOC or Other Probation Supervising Officer Verification Signature: _____

☐ I am actively engaged and regularly communicating with my Veterans Treatment Court (VTC) mentor.

VTC Mentor 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 stable housing. If not, housing status: _____

☐ I presented my continuing care plan to the Veterans Treatment Court team. Presentation date: _____

☐ I have identified below three (3) coping responses, if I get triggered:

1. _____

2. _____

3. _____

☐ I have identified below three (3) community resources, if I need additional support:

1. _____

2. _____

3. _____

Signature: _____ **Date:** _____