

***** **Application to Phase up to 3** *****

Name: _____ Date Turned In: _____

Current Address: _____ Phone: _____
_____ Cell/Msg: _____

Is this an Oxford House: Y or N Email: _____

Drug Court/Faith Based House: Y or N

You MUST meet the following Criteria to Phase Up: (place an "X" if you have completed these)

You have at least **90 days sobriety time while in PHASE 2:**
What is your **court** clean date? _____ (not personal time, Treatment **Court** time).
(you can contact the Drug Court office for your official court clean time if you do not know what it is: 397-2304 / 397-2150 ext 5826)

You are making progress with your treatment assignments (relapse prevention plan, getting a mentor or sponsor if needed, MRT steps, additional treatment and/or evaluation like mental health / domestic violence, anger management, etc.)?

Counselor/Case Manager verification signature: _____

You have **30 days program compliance** (totally sanction-free)
(you can contact the Drug Court office for your official last sanction date if you do not know what it is: 397-2304 / 397-2150 ext 5826)

You have made at least **\$200** in payments for treatment court program fee **this phase**(\$300 total)

Attended a Life Skills Class or court authorized class (please attach documentation)
Name and Date of Class: _____

To the best of my knowledge, I do not have any outstanding legal matters/cases/warrants in any other jurisdiction other than some financial obligations. If I know I have a warrant, please list where / charge / why: _____

If applicable, started / completed any other required conditions and/or in good standing with other probation/court orders(DOC/District Court Probation/Child custody/EHC, DV tx, etc)
Probation / Social Worker Verification signature _____

Identify 3 personal goals that you would like to accomplish in the next few months
(Attach treatment plan if you'd like)

- _____
- _____
- _____

Continued on back

****Other Information we would like to know about you, but are *not* requirements you need to have in order to phase up ****

Employed: Y or N *If YES*, when did you start working? _____

Company Name: _____
*****(Please attach a COPY of a pay stub and/or work schedule)***

*** OR ***

Enrolled in School: Y or N If yes, where? _____
What are you going to school for? _____

*****(Please attach a copy of course syllabus/ admission papers)***

*** OR ***

VOLUNTEER / SERVICE ORGANIZATION If yes, where & how many hours each week?

Valid Driver's License: Y or N If no, what would it take to get one? _____
If YES *****(Please attach copy of your license)*** (*contact Resource PO and/or visit www.dol.wa.gov)*

Community Self-help Support:
Which support groups do you attend: _____

Do you have a mentor/sponsor: Y or N If no, why not?

Personal Journey:

Are there other services that you are interested in getting involved with? _____

Please describe the **most difficult time** you had in your recovery in Phase 2 and what the Court Team could have done to help. Also include **why** YOU think you are ready to move to Phase 3 (what is different today than before you started the treatment court?):

Other Comments/suggestions/changes you would make?

What **reward / incentive** would be meaningful for you to continue making positive choices?

Client Signature *Date*

TSC Staff Signature to Approve *Date*