

*******Drug Court Application to Phase up to 2*******

APPLICATIONS MUST BE TURNED IN FULLY COMPLETED BY YOUR COURT DATE. You can arrive 15 minutes early to find out some answers by Drug Court staff. The team will review the application and if you meet criteria, you will phase up the *following scheduled court appearance*

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 **60 days sobriety time while in PHASE 1:**
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 **\$100** in payments for treatment court program fee *this phase*

Attended a Life Skills or other Court authorized Class (please attach documentation of attendance)
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 you know you have a warrant: Please list what jurisdiction / 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 your 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 1 and what the Court Team could have done to help. Also include **why** YOU think you are ready to move to Phase 2 (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*