**********Drug Court Application to GRADUATE **********

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 graduate the *following month/scheduled 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)

☐ 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)

☐ Date you went to **Phase 3**: _____ You must have at least **120 days sobriety time while in Phase 3 and be in Phase 3 for 4 months PRIOR to turning in application!**

☐ You have completed your substance abuse treatment assignments
***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 paid at least at total of **$600** in payments for treatment court program fee and any restitution (if any) is paid in full or on a payment plan, if required.

☐ Have participated in the Drug Court program for a minimum of **12 months from your Opt In date: _____.**

☐ Attended at least 2 of the following: Alumni Meetings / Mentor training / Advisory Mtg
Date: _____ / ***Date:*** _____ / ***Date:*** _____

☐ Attend a **6-week** session of a REACH Too Support Circle: _____
Signature of Mentor / REACH Too

☐ 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.

☐ Completed "Exit Interview" survey questionnaire (attach to this application)

☐ Completed "Look and see what I've Accomplished" worksheet (attach to this application)

☐ Attached the letter to the Arresting Officer (Call the Drug Court office to find out your arresting Officer's name so you can address the letter to them. 360-397-2150 x5826 or 397-2304).

YOU MUST be involved with **ONE** of the following unless otherwise noted:

Employed: ☐ Y or ☐ N ***If YES***, Company Name: _____
***(Please attach a COPY of a pay stub and/or work schedule)**

** OR **

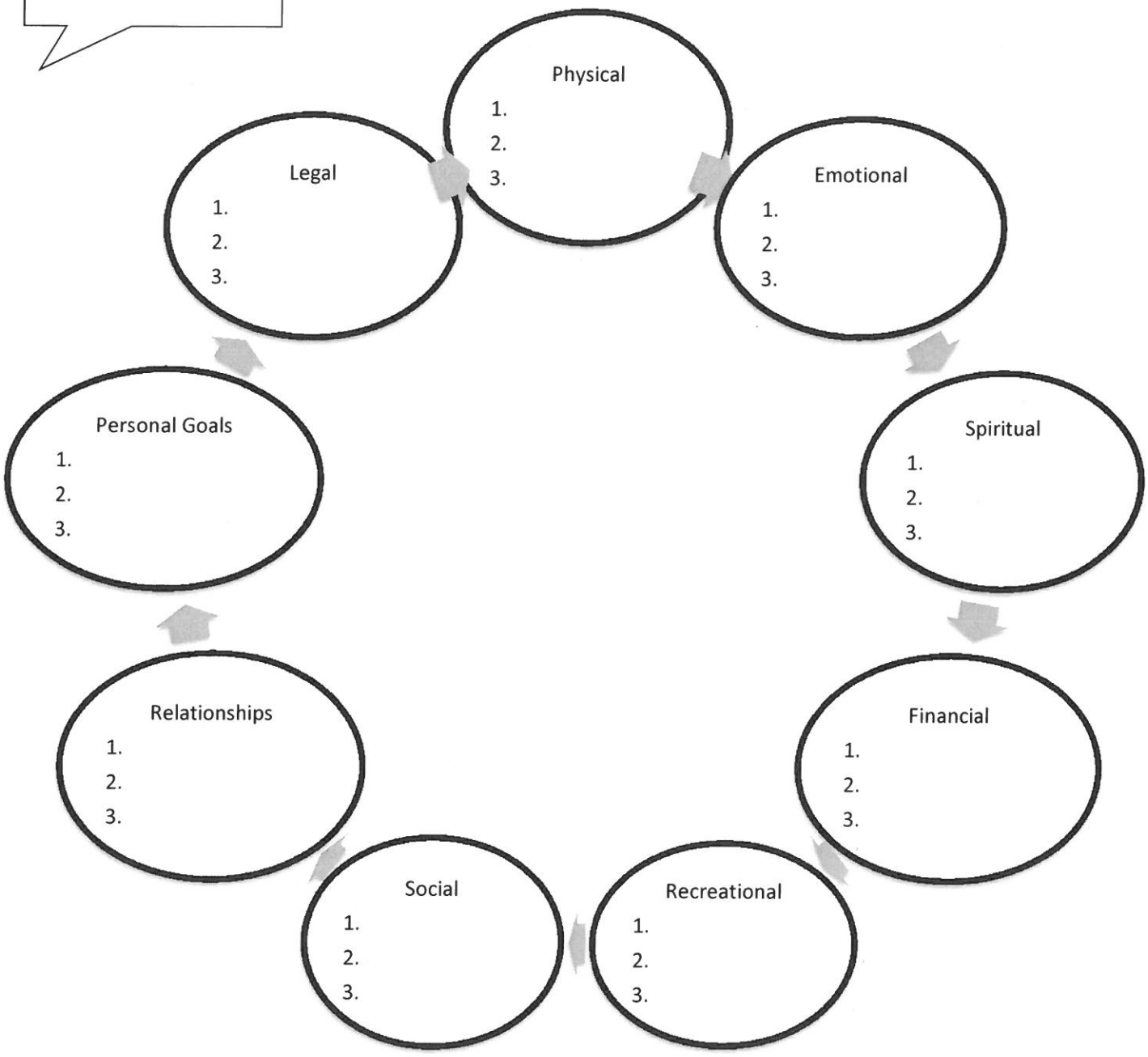
Enrolled in School: ☐ Y or ☐ N If yes, where? _____ major: _____
***(Please attach a copy of course syllabus/ admission papers)**

** OR **

☐ ***Volunteer / Service Organization:*** _____

Last revised 3/9/16

This is my Wellness / After Care Plan which includes **3** things in each category that I will do to maintain my recovery



THERAPEUTIC SPECIALTY COURTS (TSC)—EXIT INTERVIEW

Please place an "**X**" in the appropriate box of how you are leaving the program

Graduating the Program: ☐ Terminated: ☐ Opting Out: ☐

Entry Process

1. How did you first learn that this program was an option for you?

☐ Attorney ☐ Friend ☐ In custody
☐ Probation Officer ☐ Family ☐ Social Worker
☐ Court ☐ Peer
☐ Other: _____

2. Did you start this program in custody or were you out of custody and pending your charges / case?

☐ In Detention/Jail when I entered
☐ Out of custody (Detention/Jail) when I entered
☐ In residential treatment
☐ N/A

3. How long did it take for you to get into this program from the time your legal proceedings began (ARREST) until the time you opted in?

☐ Less than one month
☐ Between 1 -2 months
☐ 3 months or longer
☐ Unknown or can't remember

4. Why did you *originally* choose to come into this program?

☐ To get out of jail ☐ Treatment available
☐ Less incarceration time ☐ Support/structure
☐ Financial benefit ☐ Keep license
☐ Resources available ☐ No conviction
☐ Other _____

Court Aspect of This Program

5. During orientation, was all the necessary information about program rules, regulations, and expectations explained to you? Please score how much information you knew about Drug Court and the rules before you started the program.

Not at all ☐ fair ☐ average/decent ☐ good ☐ explained well ☐

6. What aspects of the Court supervision do you feel is helpful to you (Please check ALL that you feel motivates you)?

- ☐ Positive interaction with the Judge
- ☐ Sobriety coins
- ☐ Phasing up ceremonies
- ☐ Rewards/Incentives for doing good for the week
- ☐ Community Service / Work Crew
- ☐ Extra support meetings
- ☐ Home visits
- ☐ Writing assignments / Essays
- ☐ Increasing court reporting
- ☐ Detention/Jail or threat of Detention/Jail

7. What aspects of the Court supervision do you feel is LESS helpful to you in motivating you (Please check ALL that apply)?

- ☐ Positive interaction with the Judge
- ☐ Sobriety coins
- ☐ Phasing up ceremonies
- ☐ Rewards/Incentives for doing good for the week
- ☐ Community Service / Work Crew
- ☐ Extra support meetings
- ☐ Home visits
- ☐ Writing assignments / Essays
- ☐ Increasing court reporting
- ☐ Detention/Jail or threat of Detention/Jail

Treatment Aspect of This Program

8. What aspect of treatment do you feel really HELPED you? Please list/explain your answer below.

_____

_____

_____

9. What aspect of treatment do you feel was LEAST helpful to you? Please list/explain your answer below.

_____

_____

_____

10. Which outpatient treatment center did you attend?

- ☐ Lifeline Connections
- ☐ Community Services NW
- ☐ NW Recovery
- ☐ Change Point
- ☐ Cowlitz Tribe
- ☐ Veterans Administration
- ☐ Kaiser Permanente
- ☐ Daybreak
- ☐ Other: _____

11. While you have been in this program, have you been referred to Inpatient treatment?

- ☐ No
- ☐ I wasn't referred but I went to inpatient on my own
- ☐ Yes, and completed inpatient
- ☐ Yes, but never went to inpatient
- ☐ Yes, and went to inpatient but did not complete
- ☐ Yes, and went to inpatient twice

List Inpatient Treatment Center(s) Name and length of stay (# of days/months):

_____

12. Prior to this program, have you had any contact with any of the following?

- ☐ Probation/Parole
- ☐ In patient treatment
- ☐ DSHS/CPS
- ☐ Out-patient treatment
- ☐ Other Drug Court program

Personal Experience in This Program

13. Do you feel comfortable enough to be able to talk to at least one person on the TSC team? Please select each member on the Team that you feel comfortable sharing information.

- ☐ Treatment Counselor / Case Manager
- ☐ Specialty Court Coordinator
- ☐ Coordinator's Assistant
- ☐ Probation Counselor / DOC
- ☐ Judge
- ☐ Mentor
- ☐ Child Worker / CASA
- ☐ Defense Attorney
- ☐ Prosecuting Attorney
- ☐ Other Counselor (MH, DV, etc)
- ☐ Educator
- ☐ Other (please specify) _____

☐ I don't feel comfortable sharing with anyone at this time

14. Did you receive sanction(s) while in this program? Please check ALL that apply to you.

	Community Service / Work Crew	extra meetings	Jail/ Detention	written assignment	warrant issued
YES	☐ # of hrs _____	☐	☐	☐	☐
NO	☐	☐	☐	☐	☐

Other (please specify) _____

_____

15. Did you receive any Rewards, extra services or help to overcome some barriers while in this program?

- ☐ YES
- ☐ NO

If YES, what did you receive and/or who helped you the most?

_____

_____

16. Which community support groups do you attend (please check all that apply)?

- ☐ Alcoholics Anonymous
- ☐ Narcotics Anonymous
- ☐ Church / Youth Group
- ☐ Bible Study
- ☐ SMART Recovery
- ☐ Domestic Violence support groups
- ☐ Mentor activities
- ☐ Alanon / Codependency anonymous
- ☐ Sponsor meetings
- ☐ Gender-specific meetings
- ☐ Grief / Loss meetings
- ☐ Organized clean and sober activities (bowling, softball, retreats, campouts, etc)
- ☐ Other (please specify) _____

17. In your opinion, what are <u>YOU</u> most proud of in your life today?

_____

_____

_____

_____

18. Did you choose to have a mentor while in the program? If so, about how often did you talk or meet up on average?

_____

19. What comments and/or changes would you like us to know about or think about for the program?

_____

_____

_____

_____

20. If you are opting out, why are you leaving the program?

_____

_____

_____

_____

Continued .....

LOOK AT WHAT I'VE BEEN ABLE TO ACCOMPLISH!

Name _____ Date _____

While participating in the Felony Drug Court Program, I've been able to accomplish or overcome the following needs: (please check **all** that apply)

Transportation

- ☐ Transportation
- ☐ Obtaining Driver's License
- ☐ Ignition Interlock
- ☐ DOL hearing (habitual offender status)
- ☐ Fines in Collections

Employment

- ☐ Employment / Resume / Job search

Housing

- ☐ Clean and sober housing

Education

- ☐ Education / GED
- ☐ Finances / Budgeting
- ☐ Time Management
- ☐ Stress Management
- ☐ Parenting Classes
- ☐ Learning about or to use computers
- ☐ Creative Problem solving
- ☐ Domestic Violence Classes

Pro-Social

- ☐ Having fun sober (hobby, exercise)
- ☐ Recovery environment
- ☐ Involved in mentor program

Health & Wellness

- ☐ Medications (access / copay)
- ☐ Dental health care insurance / issues
- ☐ Medical health Care/ issues
- ☐ Mental Health Counseling
- ☐ Other counseling/classes
- ☐ Nutrition
- ☐ Cooking
- ☐ Healthy Relationships
- ☐ Childcare while in services
- ☐ Fitness
- ☐ Trusting staff to share / Honesty
- ☐ Changing attitude/beliefs

Other

- ☐ Obtaining State ID card
- ☐ family / peer support
- ☐ Making appointments (scheduling)
- ☐ Telephone assistance
- ☐ Other (please specify)_____
- ☐ Other (please specify) _____
- ☐ Other (please specify) _____