



# Taylor County Treatment Court- Application for Advancement to Phase 3:



Name: \_\_\_\_\_ Treatment Court Start Date: \_\_\_\_\_

Sobriety Date: \_\_\_\_\_ Date Application Turned in: \_\_\_\_\_

**You MUST meet the following criteria to Phase Advance:** *(Place an "X" if the task is completed)*

\_\_\_\_ You have been in Phase 2 for a minimum of 90 days

\_\_\_\_ You have maintained sobriety for 30 consecutive days

\_\_\_\_ You are in compliance with your payment plan for Treatment Court fees and/or court costs/fines

\_\_\_\_ You are participating in treatment and attending as scheduled

**Counselor verification signature:** \_\_\_\_\_

\_\_\_\_ You have attended all supervision appointments as scheduled

**Probation Agent verification signature:** \_\_\_\_\_

\_\_\_\_ You have attended all case management appointments as scheduled

\_\_\_\_ You have completed 6-8 Pro-Social Wellness Points

\_\_\_\_ You have attended required recovery support groups/meetings

**Case Manager verification signature:** \_\_\_\_\_

\_\_\_\_ Identify 3 of your biggest struggles in Phase 2:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_ Identify 3 things you have learned throughout your involvement in treatment court and how you benefitted from each thing identified:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_ Identify 3 personal goals you would like to accomplish in Phase 3:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_ You have attached one (or more) letter(s) of support for advancement from a family member or a friend

Based on the above, I respectfully request the Treatment Court Team approve my advancement to Phase 3 of the Taylor County Treatment Court Program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_