



Taylor County Treatment Court- Application for Advancement to Phase 5:



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 4 for a minimum of 90 days

____ You have maintained sobriety for 60 consecutive days

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

____ You are attending and participating in treatment 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 14-16 Pro-Social Wellness Points

____ You have attended required recovery support groups/meetings

____ You are employed or attending school

Case Manager verification signature: _____

____ Identify 3 of your biggest struggles in Phase 4:

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 5:

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 5 of the Taylor County Treatment Court Program.

Participant Signature: _____ Date: _____