

## Taylor County Hybrid Treatment Court Pre-Graduation Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Please answer all questions, completely and thoroughly. If you use a separate or additional piece(s) of paper, please indicate the question number you are answering. Your answers to these questions will be taken into consideration when discussing your completion of the program.***

1. Describe your life prior to your entry into the Treatment Court Program
  
2. Describe how your life is different today (after the Treatment Court Program)
  
3. For what length of time have you been substance free?
  
4. Describe how you intend to remain substance free
  
5. Describe how you intend to remain crime free
  
6. Describe, in detail, your future goals:
  - a. Two of your 90-day goals
    - i.
    - ii.
  - b. Two of your 6-month goals
    - i.
    - ii.
  - c. Two of your one-year goals
    - i.
    - ii.
  - d. Do you have "life goals"? How do you intend to attain those goals?

## Taylor County Hybrid Treatment Court Pre-Graduation Questionnaire

7. What support groups are you attending? Do you plan to continue your involvement with support groups?
  
8. Describe your support system, outside of a sponsor or any support groups you may be attending
  
9. Where do you live?  
  
Who else lives with you?
  
10. Describe how your recovery has affected your relationship with others (include significant other, parents, children, siblings, close friends)
  
11. If applicable, have you reunited with any children/family since becoming involved in the Treatment Court Program?
  
12. Since your involvement in the Treatment Court Program, has your progress and sobriety influenced any of your family or friends to become involved with treatment/recovery? How do you feel about this?
  
13. How do you respond to stressful/frustrating situations now compared to when you were actively using substances?
  
14. Are you currently employed? If yes, Where?
  
15. How long have you been employed/unemployed? What kind of work do you do?
  
16. What are your educational/employment plans/goals?

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Pre-Graduation Questionnaire

17. Do you remember your arresting officer's name (s)? Would you like to invite him/her to the Treatment Court Graduation ceremony?
  
18. Do you have a valid driver's license? If not, what is the plan for reinstating this privilege or transportation plan?

***Suggestions for program improvement:***

1. What part of the Treatment Court Program helped you the most?
  
2. What part of the Treatment Court Program helped you the least?
  
3. What suggestions do you have for improving the Treatment Court Program?
  
4. Other comments for the good of the program?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please submit the entire graduation application packet (completed application form and this completed questionnaire) to the Treatment Court Coordinator a minimum of ten (10) business days prior to your expected graduation date.***

***You can submit the packet in person at the Taylor County Courthouse, District Attorney's Office, 224 S. 2<sup>nd</sup> St, Medford, WI or via scan/email to [wendy.ness@co.taylor.wi.us](mailto:wendy.ness@co.taylor.wi.us)***

For office use:

Date received \_\_\_\_\_