

Taylor County Treatment Court  
Graduation- Exit Form

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

***Please answer all questions, completely and thoroughly. Using a separate piece of paper may be beneficial. The answers to these questions will be taken into consideration when discussing your completion of the program.***

1. Describe your support system:
  
2. If employed, where are you currently employed?
  - a. How long have you been employed there?
  - b. What kind of work do you do?
  - c. Is there room for advancement where you work?
  
3. If unemployed, what are your occupational, or educational plans or goals?
  
4. Describe your life prior to your entry into the Treatment Court Program.
  
5. Describe how your life is different today (after the Treatment Court Program).
  
6. What did you like most about the Treatment Court Program? Why?
  
7. What did you like least about the Treatment Court Program? Why?

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8. Describe, in detail, the following:
  - a. Two of your 90 day goals after graduating from the program.
    - i.
    - ii.
  - b. Two of your 6 month goals after graduating from the program.
    - i.
    - ii.
  - c. Two of your one year goals after graduating from the program.
    - i.
    - ii.
  - d. Do you have "life goals"? How do you intent to attain those goals?
    - i.
    - ii.
  
9. Do you intend to stay alcohol/drug free?
  - a. Why?
  - b. How?
  
10. Do you intend to stay crime free?
  - a. Why?
  - b. How?
  
11. Describe how your recovery has affected your relationship with others (spouse, children, parents, sisters/brothers, and close friends).
  
12. How will you handle stressful situations?
  
13. Where do you live?

Who else lives with you?
  
14. What support groups are you attending?

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15. Do you remember your arresting officer's name (s)? Would you like to invite him/her to the Treatment Court Graduation ceremony?
  
16. If applicable, have you re-united with any of your children during your participation in the Treatment Court Program?
  
17. Has anyone in your family gone into treatment/recovery because of your being in the Treatment Court Program?
  
18. Do you have a valid driver's license? If not, what is the plan for reinstating this privilege?
  
19. What advice, if any, would you give staff regarding changes to the Taylor County Treatment Court Program?

**\*\*Please provide this completed questionnaire to the Treatment Court Coordinator at the Taylor County Courthouse, 224 S. Second Street/Rm 1301, Medford, WI, along with your Application for Graduation a minimum of ten (10) business days prior to your expected graduation date.\*\***

**(or sign-date and scan/email to [patti.baacke@co.taylor.wi.us](mailto:patti.baacke@co.taylor.wi.us))**