*** This form must be completed in full. It is the responsibility of the participant to get the signature of the required Team Members. In order to be considered for Phase Movement, the original completed form must be turned in to the DUI Court office no later than 5:00 p.m. the day prior to DUI Court. Forms turned in after 5:00 p.m. on the day prior to Court will be considered at the next court date.***

PHASE MOVEMENT REOUEST- Phase III to Phase IV (Aftercare)

Name Date submitted to Court:

I am requesting to be moved from Phase III to Phase IV at the next court session.

In addition to the requirements above, I certify I have completed the minimum time (approximately 17 weeks) appropriate for this Phase movement.

_____ _____

Participant Signature Date

Completed by Treatment Team Only:

_____ Been respectful/supportive of peers and polite/cooperative with all Treatment Staff.

_____ Attended all group/individual counseling sessions required for Phase III.

_____ Attended all community support meetings as required.

_____ Current on all treatment fees, has a balance of less than $100, or is on a payment plan.

_____ Presented Life Story on _____.

_____Is substance free and has had consistent negative drug and alcohol screens since _____.

_____ Is clinically appropriate for phase progression.

_____ Completed treatment on _____.

Verified on _____ by

Date Treatment Provider

Completed by Probation Officer Only:

_____ Current on all fines/fees, has a balance of less than $200, or is on a payment plan.

_____ Been respectful/supportive of peers and polite/cooperative with all probation staff.

_____ Attended all appointments as directed

_____ Is substance free and has had consistent negative drug and alcohol screens since _____.

Verified on _____ by
Date Probation Officer

Completed by DUI Court Office Only:

_____ Is 60 days free of sanctions.

_____ Has no pending sanctions.

_____ Been respectful/supportive of peers and polite/cooperative with all DUI Court Team members.

_____ Participation fee has been paid in full.

_____ Has attended all court sessions.

Verified on by
Date DUI Court Coordinator