**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DUI TREATMENT COURT**

**TRACK 1-PHASE 2**

***APPLICATION TO TRANSITION TO PHASE 3***

**SUBMISSION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILY DATE

YOU***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 3:

(PLACE AN ‘X’ IF YOU HAVE COMPLETED THESE)

**YOU HAVE BEEN IN PHASE 2 FOR A MINIMUM OF 8 WEEKS**:

 *WHAT DATE DID YOU TRANSITION TO PHASE 2?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU HAVE SUBMITTED AT LEAST 6 WEEKS OF NEGATIVE URINE DRUG SCREENS WHILE IN PHASE 2**:

*WHAT IS YOUR CLEAN DATE?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NOT PERSONAL TIME, COURT TIME)

**YOU ARE MAKING PROGRESS IN TREATMENT**

*COUNSELOR/CASE MANAGER SIGNATURE*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU HAVE 30 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

**YOU HAVE COMPLETED AT LEAST 60 HOURS OF COMMUNITY SERVICE**

*PROBATION OFFICER SIGNATURE: \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU HAVE NO OWED BALANCE AT BRANDYWINE COUNSELING, IF YOU HAVE A BALANCE YOU CANNOT PAY, YOU HAVE SET UP AN APPROVED PAYMENT PLAN-** *CURRENT BALANCE*: \_\_\_\_\_\_\_\_\_\_\_\_\_

*BRANDYWINE REPRESENTATIVE SIGNATURE*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU HAVE COMPLETED 90 DAYS MINIMUM OF TAD MONITORING**

**YOU HAVE IDENTIFIED ANY COSTS YOU OWE TO OTHER DUI PROGRAMS** à PLEASE PUT AMTS YOU OWE

\_\_\_\_\_\_DERP \_\_\_\_\_\_OPEN DOOR \_\_\_\_\_\_ PACE \_\_\_\_\_\_CONNECTIONS \_\_\_\_\_\_OTHER

**IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 3**:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE