**DUI TREATMENT COURT**

**TRACK 1-PHASE 3**

***APPLICATION TO TRANSITION TO PHASE 4***

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

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

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

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

YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 4:

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

**YOU HAVE BEEN IN PHASE 3 FOR A MINIMUM OF 8 WEEKS**:

 *WHAT DATE DID YOU TRANSITION TO PHASE 3?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU HAVE SUBMITTED AT LEAST 8 WEEKS OF NEGATIVE URINE DRUG SCREENS**:

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

**YOU ARE MAKING PROGRESS IN TREATMENT**

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

**YOU HAVE RECEIVED YOUR ‘WRAP’ BOOKLET FROM COURT AND BEGAN WORKING ON IT**

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

**YOU HAVE 45 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

**YOU HAVE COMPLETED AT LEAST 160 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*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH PRIOR TO GRADUATION:**

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

THE FOLLOWING IS INFORMATION THE TEAM WOULD LIKE TO KNOW ABOUT YOU. THIS ***MUST BE*** COMPLETED TO TRANSITION TO THE NEXT PHASE

**ARE YOU CURRENLY EMPLOYED?** \_\_\_YES \_\_\_NO

 IF YES, WHERE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WHAT IS YOUR POSITION?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*---OR---*

**ARE YOU ENROLLED IN SCHOOL?**  \_\_\_YES \_\_\_NO

 IF YES, WHERE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WHAT ARE YOU GOING TO SCHOOL FOR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU ATTEND ANY SELF-HELP GROUPS?** \_\_\_YES \_\_\_NO

**DO YOU HAVE A MENTOR/SPONSOR?** \_\_\_YES \_\_\_NO

**PERSONAL JOURNEY**

**ARE THERE ANY OTHER SERVICES THAT YOU ARE INTERESTED IN GETTING INVOLVED WITH? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE DESCRIBE THE MOST DIFFICULT TIME YOU HAD IN YOUR RECOVERY DURING THE PROGRAM AND WHAT THE COURT TEAM COULD HAVE DONE TO HELP YOU. ALSO INCLUDE *WHY* YOU THINK YOU ARE READY TO MOVE TO PHASE 4 (WHAT IS DIFFERENT TODAY THAN BEFORE YOU STARTED IN THE TREATMENT COURT?)**

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**OTHER COMMENTS/SUGGESTIONS/CHANGES YOU WOULD MAKE?**

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**WHAT REWARD/INCENTIVE WOULD BE MEANINGFUL FOR YOU TO CONTINUE MAKING POSITIVE CHOICES?**

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CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE