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

**DUI TREATMENT COURT**

**TRACK 3-PHASE 1**

***APPLICATION TO TRANSITION TO PHASE 2***

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

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

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

YOU **MUST** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 2:

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

**YOU HAVE SUCCESSFULLY COMPLETED INPATIENT TREATMENT**

*WHERE DID YOU COMPLETE INPATIENT TREATMENT AND WHAT DATES WERE YOU THERE?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN DID YOU START IOP?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU HAVE BEEN IN PHASE 1 FOR A MINIMUM OF 12 WEEKS FROM THE DATE YOU COMPLETED YOUR INTAKE AT BRANDYWINE COUNSELING:**

*WHAT DATE DID YOU COMPLETE YOUR INTAKE?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU ARE MAKING PROGRESS IN TREATMENT**

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

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

**YOU HAVE IDENTIFIED YOUR COMMUNITY SERVICE SITE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU HAVE A VEHICLE REGISTERED IN YOUR NAME, YOU HAVE HAD YOUR IID INSTALLED IN YOUR CAR 30 DAYS AFTER ENTRY**:

*WHAT IS YOUR ENTRY DATE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**YOU HAVE YOUR ELECTRONIC MONITORING DEVICE** – *PROBATION SIGNATURE:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFY 3 OF YOUR BIGGEST STRUGGLES IN PHASE 1**:

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

**IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 2**:

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

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

CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE