**Recovery Court Phase 5 Application**

(must be turned in to Probation Officer one week before eligible)

**Phase 4** *(Minimum of 18 weeks)*  **DATE ELIGIBLE TO MOVE PHASES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* During Phase 4 you must complete the following to advance to Phase 5. Please write in the date that you completed each of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE ENTERED PHASE 4:** | Yes | No  | N/A |
| Attend your required treatment  |   |  |  |
| Attend regular appointments with probation |   |  |  |
| 60 days of urine screens with no substances tested for detected |   |  |  |
| Complete any court responses ordered |   |  |  |
| Complete aftercare/relapse prevention plan with your treatment provider and have therapist sign here  | Therapist sign off here: |  |  |
| Have RJ Proposal approved by probation |  |  |  |
| Have obtained employment or enrolled in school with verification to probation. |  |  |  |
| Attend at least 3 sober support groups and provide proof to probation and be prepared to talk about your experience. | Date #1:Date #2:Date #3: |  |  |
| Report your Medicaid status to probation to prepare to be self-pay for services in Phase 4 |  |  |  |
| Be in compliance with your payment plan with the collections investigator. |  |  |  |
| Be compliant with your probation payment plan for at least 3 consecutive months. | Month 1:Month 2: Month 3:  |  |  |
| Meet the goals of your probation case plan |  |  |  |
| Meet the goals of your treatment plan and be able to talk about your treatment goals |  |  |  |
| Strong Performer status for 3 weeks in a row on the date you phase.  |  |  |  |
| Application for Phase 5 approved by team |  |  |  |

**During this Phase, you will be responsible for the cost of your urine screens.** You will be assessed for ability to contribute towards treatment services by your Probation Officer and may be responsible to pay for a portion of your treatment services.

*In order to progress to Phase 5, you must be in compliance with/successfully complete treatment requirements and demonstrate a minimum of 60 consecutive days of sobriety with no positive, missed, tampered, or dilute drug screens. You must also have 3 weeks in a row of strong performer status on the day you phase.*

Please answer the following questions:

1. My successes in this phase with a treatment plan goal have been:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My challenges in this phase with a treatment plan goal have been and how I overcame them:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My successes in this phase with a probation case plan goal have been:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. My challenges in this phase with a probation case plan goal have been and how I overcame them:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Something I learned about myself and my recovery in this Phase was:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. A treatment plan goal for Phase 4 is:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A probation case plan goal for Phase 4 is:

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Name Date

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

Probation approval Date Therapist approval Date