## **VETERANS TREATMENT COURT APPLICATION FOR PHASE 4**

Name:	Date Submitted:	
Current A	Address:	
Email:	Phone Number:	
	You must meet the following criteria to phase up:	
"X" if com		
	I have been in phase 3 for at least 56 days (8 weeks). I entered Phase 3 on:	
	I have reviewed my formal treatment plan with my counselor.	
	I have attended and participated in group and/or individual treatment services as by my treatment provider and treatment plan.	outlined
	I have completed all treatment assignments in a timely manner.	
	I have followed directives of the court, CM, treatment counselors, mentor, and PC	).
	I have attended court as required.	
	I have brought my participant manual to each court appearance.	
	I have called the drug testing color line daily.	
	I have appeared for random drug and alcohol testing as required.	
	I have a minimum of 30 consecutive days of sobriety. My sobriety date is:	
	This includes no missed, diluted, altered, or otherwise positive tests.	
	I have attended all scheduled VA appointments/services.	tional ar
	I have searched for/obtained employment or have engaged in pursuit of voca educational goals.	tional or
	I have maintained weekly contact with my veteran mentor.	
	I have attended functions with my mentor as requested.	
	I have prepared and attached a 300-word essay on "The main reason I must stay	/ sober
	and/or mentally balanced."	
	I have paid a \$90.00 phase-up fee to the Clerk of Court.	
	I have attended sober-support meetings- 3 per week. (as required)	
	I have obtained a sponsor (with 5 or more years of sobriety). (as required)	
	I have reported to my probation officer as required. (felony offenders only)	
l believe l	am ready to phase up because:	
	(Use other side if additional space needed)	
	(Ose other side if additional space fielded)	
Submitted		<del></del>
	(print name) (signature)	
Applicatio	on is: granted denied Effective:(o	date).
	Judges Sig	inature