

DeKalb County Drug Court
Petition to Complete Phase ____ & Enter Phase

Participant Name: _____

Date of Application: _____

Sobriety Date: _____

Please review and check off currently met requirements of Phase I prior to submission of this application.

- Minimum of 90 days in Phase ____ as of ____/____/____ (provide date)
- Electronic home monitoring for minimum of 3 weeks
- Develop individual treatment plan with treatment provider and attach most recent copy to this application
- Follow all treatment recommendations of the counselor and psychiatrist – maintain treatment compliance
- Attend all counseling, and psychiatric services as recommended by treatment provider
- Participate in a self-help group of your choosing 3x weekly – providing documentation to the court
- Acknowledge any substance abuse concerns and commit to living a drug and alcohol free life;
- End relationships and create boundaries with non-family drug using associates;
- No positive drug test results for minimum of ____ consecutive days following four clean drops prior to phase advancement;
- Fill out *Petition to Move to Another Phase (Phase ____ to ____ Form)* and write essay assigned by counselor (must request writing assignment ahead of time and attach to this form)

My counselor and I have reviewed the above phase requirements. By signing below, we certify this application has been approved by the Treatment Court Counselor and is ready for review from the Treatment Court Team.

Participant Signature/Date

Counselor Signature/Date

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