

PHASE 2 Weekly Reporting



Name: _____ Court Date: _____

Important Appointments

Probation Office Appointment: _____ (bring check stub to appointment)

Mental Health Appointment: _____

Dental/Medical Appointment: _____

Other Appointment: _____

Phase 2 Requirements- 90 days minimum, come to court on the 2nd and 4th Wednesday of each month

- Engaged with treatment as assessed
- Attending treatment related groups/meetings daily
- Comply with additional conditions and supervision
- Review case plan with P.O.
- Monthly office visits with P.O.
- Monthly home visits
- Obtain medical needs
- Maintain housing
- Address financial needs
- Maintain employment and provide proof to P.O.
- Random drug testing- \$2.00 per test
- Demonstrate changing people, places and things
- MINIMUM of 30 days sobriety to move up to phase 3

You are required to maintain housing and employment. It is important to have a transportation plan to maintain these requirements and appointments. It is expected that you do not work more than 40 hours per week.

Where are you employed? _____ Hours worked this week? _____

Current Street Address _____

Status of license? _____

What is your plan for transportation? _____

Are you aware that driving without a valid license, current insurance or vehicle registration is illegal and can result in a **jail sanction and/or termination from the Recovery Court Program?** YES NO

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I certify that I attended the self-help meetings/sessions listed on my meeting sheets submitted in court today. I certify that all the information provided on my meeting sheet is true and correct. I understand that forgery or dishonesty can result in a jail sanction or program termination.

Name _____ Signature: _____ Date _____

Community Meetings (includes Therapy and Self Help Meetings)

FRIDAY Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Meeting Date: ____/____/____ Meeting Time: ____:____ Address: _____

Personal Reflection: _____

SATURDAY Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Meeting Date: ____/____/____ Meeting Time: ____:____ Address: _____

Personal Reflection: _____

SUNDAY Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Meeting Date: ____/____/____ Meeting Time: ____:____ Address: _____

Personal Reflection: _____

MONDAY Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Meeting Date: ____/____/____ Meeting Time: ____:____ Address: _____

Personal Reflection: _____

Highlight from the Week: _____