

PHASE 3 Weekly Reporting



Name: _____ Court Date: _____

Important Appointments

Probation Office Appointment: _____

Mental Health Appointment: _____

Other Appointment: _____

Phase 3 Requirements- 90 days minimum, come to court on the 3rd 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 visits with P.O.
- Maintain housing
- Monthly home visits
- Maintain employment and provide proof to P.O.
- Begin 8 hours of required vocational training
- Address medical and financial needs
- Random drug testing- \$5.00 per test
- Demonstrate changing people, places and things
- Establish recovery network and pro-social activity
- MINIMUM of 45 days sobriety to move up to phase 4

In Phase 3 you should have an established recovery network, self-care routine and positive social activities. What social activities have you participated in this week other than self-help meetings?

What did you do for self-care this week? _____

What person is your biggest support in your sobriety this week? _____

My biggest struggle this week: _____

The best thing that happened this week: _____

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

Graduation Requirements

Participants are eligible to graduate when the following conditions have been met:

- Completed all court ordered requirements
- Completed all assessed aspects of drug and alcohol treatment and continuing care plan
- Maintained sobriety for 90 consecutive days
- Maintained employment
- 8 hours of required vocational training/school/GED
- Participant has a plan for maintaining independence

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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, Vocational Training and Self Help Meetings).

*****You must continue to attend treatment related groups/meetings daily after completing IOP*****

Meeting Date: ___/___/___ Meeting Time: ___:___ Address: _____

Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Personal Reflection: _____

Meeting Date: ___/___/___ Meeting Time: ___:___ Address: _____

Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Personal Reflection: _____

Meeting Date: ___/___/___ Meeting Time: ___:___ Address: _____

Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Personal Reflection: _____

Meeting Date: ___/___/___ Meeting Time: ___:___ Address: _____

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Personal Reflection: _____

Meeting Date: ___/___/___ Meeting Time: ___:___ Address: _____

Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Personal Reflection: _____

Meeting Date: ___/___/___ Meeting Time: ___:___ Address: _____

Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Personal Reflection: _____