

PHASE 4 Weekly Reporting



Name: _____ Court Date: _____

Important Appointments

Probation Office Appointment: _____

Mental Health Appointment: _____

Other Appointment: _____

Phase 4 Requirements- 90 days minimum, come to court on the 1st 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.
- Continue 8 hours of required vocational training
- Random drug testing- \$5.00 per test
- Demonstrate changing people, places and things
- Maintain recovery network and pro-social activity
- MINIMUM of 60 days sobriety to move up to phase 5

You are so close and your hard work is paying off! Start thinking about how you will maintain your success after graduation. Plan a budget and nourish healthy relationships that you have built.

How hard was it for you to maintain your sobriety this week? Not hard Kind of difficult Very hard

Explain: _____

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

Current address? _____

Did you stay within your budget this week? _____

The biggest change that I see in myself is: _____

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).

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: _____

Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Personal Reflection: _____
