

## PHASE 5 Bi-Weekly Reporting



Name: \_\_\_\_\_ Court Date: \_\_\_\_\_

### Important Appointments

Probation Office Appointment: \_\_\_\_\_

Mental Health Appointment: \_\_\_\_\_

Other Appointment: \_\_\_\_\_

### Phase 5 Continuing Care- 90 days minimum, come to court on the 1<sup>st</sup> 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. and Program Manager to prepare for Graduation
- Maintain housing
- Monthly home visits
- Maintain employment and provide proof to P.O.
- Complete 8 hours of required vocational training
- Random drug testing- \$5.00 per test
- Community Service/Art Project
- Demonstrate changing people, places and things
- Maintain recovery network and pro-social activity
- MINIMUM 90 days sobriety to graduate Recovery Court

### **You are graduating soon! Make sure to get the following items completed before graduation.**

- Complete legal paperwork with Program Manager.
- Complete Court Required Art project.
- Complete discharge plan with treatment provider.
- Email pictures to Program Manager for Graduation Video.

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

## PHASE 5 Bi-Weekly Reporting

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 \_\_\_\_\_

**\*\*Phase 5 turns in 2 meeting sheets at each court appearance.\*\***

**\*\*Only 2 meetings per week are required unless otherwise indicated by clinical assessment.\*\***

### **WEEK # 1    2 Community Meetings (includes Therapy 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: \_\_\_\_\_

\_\_\_\_\_

### **WEEK # 2    2 Community Meetings (includes Therapy 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: \_\_\_\_\_

\_\_\_\_\_