

Application for Phase 2

Name:

Date to Phase up:

Current Address:

Phone:

Email:

You MUST meet the following criteria to Phase Up: (place an "X" if task is completed)

You have been in Phase 1 for a minimum of 60 days. Date entered into program:

You have a minimum of 14 consecutive days without violation. Date of last violation:

Have you reviewed all requirements for Phase up with your Case Manager? Date:

Case Manager verification signature: _____

You are engaged in treatment and attending regularly?

Counselor verification signature: _____

Are you in compliance with supervision?

Probation Officer verification signature: _____

Client Signature

Date

Court Coordinator Signature to Approve

Date

Please return the completed form to **DUI Treatment Court Office (Email or at Status Conference):**

DUI Treatment Court Office
325 E. Washington St. Suite 430
Athens, GA 30601
Telephone: (706) 613-3206
Fax: (706) 208-5236

Katy Minchew, Coordinator
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