

Application for Phase 3

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 2 for a minimum of 90 days. Date entered phase 2 :

You have a minimum of 30 consecutive days without violation. Date of last violation:

You are up to date on payments or payment plan (check with your Probation Officer).

Current Balance: Date of Last Payment:

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 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
katy.minchew@accgov.com
Laura McCoy, Case Manager
laura.mccoy@accgov.com