

# Application for Phase 4

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 3 for a minimum of 120 days. Date entered phase 3:

You have a minimum of 60 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:** \_\_\_\_\_

Completed DUI/Risk Reduction School and provided proof to CM. Date of Completion:

Completed VIP (Victim Impact Panel) and provided proof to CM. Date of Completion:

Engaged in recovery support groups? Home group:

Engaged in pro-social activities? What:

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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