

Application for Graduation

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 4 for a minimum of 150 days. Date entered phase 4:

You have a minimum of 120 consecutive days without violation. Date of last violation:

You are engaged in treatment and attending regularly?

Counselor verification signature: _____

Are you in compliance with supervision?

Probation Officer verification signature: _____

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

Case Manager verification signature: _____

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

Current Balance: Date of Last Payment:

Engaged in recovery support groups? Home group:

Engaged in pro-social activities? What:

Employed or going to school? Where:

Developed a continuing care plan?

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