

**\*\*\*\*\*Drug Court Application to Phase up to 3\*\*\*\*\***

**APPLICATIONS MUST BE TURNED IN FULLY COMPLETED BY YOUR COURT DATE. You can arrive 15 minutes early to find out some answers by Drug Court staff. The team will review the application and if you meet criteria, you will phase up the *following scheduled court appearance.***

**Name:** \_\_\_\_\_ **Date Turned In:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Cell/Msg:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is this an Oxford House:**  Y or  N **Drug Court/Faith Based House:**  Y or  N

**I meet the following Criteria to Phase Up:** (place an "X" if you have completed these)

You can contact the Drug Court office if you do not know what the dates are below: 564-397-2168 or 360-798-5989

- I have been **in Phase 2 at least 12 weeks (90 days)** - Date I went to Phase 2: \_\_\_\_\_
  
- I have at least **30 days** of submitting all **negative UAs** when my **color** has been called.  
My personal clean date is: \_\_\_\_\_ **the court is using this date:** \_\_\_\_\_
  
- I continue to make progress on my treatment assignments.  
**Case Manager verification signature:** \_\_\_\_\_
  
- I have **14 days / 2 weeks program compliance** (totally sanction-free). Last sanction: \_\_\_\_\_  
(you can contact the Drug Court office for your official last sanction date if you do not know what it is: 564-397-2168 / 360-798-5989)
  
- If** restitution is owed, I have paid \$ \_\_\_\_\_ towards the full amount of \$ \_\_\_\_\_
  
- Attended a Life Skills or other Court authorized class *\*\*please attach documentation of attendance\*\** **Name and Date of Class/signature:** \_\_\_\_\_
  
- I have **attended at least 1 recovery activity** at: CVAB Reach Too, Recovery Café and/or Lifeline Recovery Resource Center. **Location:** \_\_\_\_\_  
  
**Name of event / activity:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Verification signature (or attach meeting slip):** \_\_\_\_\_
  
- I've met with recovery support specialist (family annex) to identify my needs (360-798-5989):  
**Date:** \_\_\_\_\_ **Recovery Support Specialist signature:** \_\_\_\_\_
  
- To the best of my knowledge, I do not have any outstanding legal matters/cases/warrants in any other jurisdiction other than some financial obligations. If I know I have a warrant, please list where / charge / why: \_\_\_\_\_
  
- If applicable**, started / completed any other required conditions and/or in good standing with other probation/court orders(DOC/District Court Probation/Child custody/EHC, DV tx, etc)  
**Probation / Social Worker Verification signature** \_\_\_\_\_
  
- Identify 2 personal goals that you would like to accomplish in the next few months and attach the needs assessment (also attach treatment plan if you'd like)
  - \_\_\_\_\_
  - \_\_\_\_\_

**\*\*Other Information we would like to know about you, but are *not* requirements you need to have in order to phase up \*\***

**Employed:**  Y or  N If yes, when did you start working? \_\_\_\_\_

Company Name: \_\_\_\_\_

Typical work schedule/hours: \_\_\_\_\_

**\* and/or \***

**Enrolled in School:**  Y or  N If yes, where? \_\_\_\_\_

What are you going to school for? \_\_\_\_\_

Days / Times of Classes: \_\_\_\_\_

**\* and/or \***

**Volunteering** If yes, where & how many hours each week? \_\_\_\_\_

**\* and/or \***

**Other source of financial support:** \_\_\_\_\_

**Do you have a valid Driver's License:**  Y or  N (visit [www.dol.wa.gov](http://www.dol.wa.gov))

If no, what would it take to get one; and what is your main mode of transportation? \_\_\_\_\_

List any community support groups you routinely attend to help with long-term recovery goals

Name of meetings/classes: \_\_\_\_\_

Do you have a mentor/sponsor/recovery support person you regularly reach out to?  Y or  N

If no, are you interested in getting one?  Y or  N

### **Personal Journey:**

List the classes, therapy and/or recovery support services that you feel have helped you.

Describe two things you have learned about yourself since joining the program and how you will apply that new information / skills into your life today. \_\_\_\_\_

Describe an obstacle / barrier you have overcome while in the program and the steps you took or are taking to remove this challenge. \_\_\_\_\_

Other Comments/suggestions/changes you would make to the team / program?

What **reward / incentive** or service would be meaningful for you to continue making positive choices?

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*TSC Staff Signature to Approve*

\_\_\_\_\_  
*Date*



# NEEDS ASSESSMENT

Name \_\_\_\_\_ Date \_\_\_\_\_

While participating in the Felony Drug Court Program, I plan to accomplish or overcome the following needs: (please check **all** the needs you have, and also check what you got help with)

## Transportation

DONE    STILL NEED  
HELP WITH

- Transportation
- Obtaining Driver's License
- Ignition Interlock
- DOL hearing (habitual offender status)
- Fines in Collections

## Employment

DONE    STILL NEED  
HELP WITH

- Employment/Resume/Job search/Interview skills/interview clothing

## Housing

DONE    STILL NEED  
HELP WITH

- Clean and sober housing w/child(ren)
- Clean and sober housing w/no kids

## Education

DONE    STILL NEED  
HELP WITH

- Education/GED
- Finances/Better Budgeting
- Time Management/Organization/Scheduling
- Stress Management
- Parenting Classes
- Learn Child/Infant/Adult CPR & First Aid
- Learning about or how to use computers
- Creative Problem solving
- Domestic Violence Classes/Anger Management

## Pro-Social

DONE    STILL NEED  
HELP WITH

- Having fun sober (hobby, exercise)
- Recovery environment
- Family/peer-to-peer support/mentor

## Health & Wellness

DONE    STILL NEED  
HELP WITH

- Medications (access / copay)
- Dental health care insurance / issues
- Medical health Care/ issues (diabetes, Hep C, etc.)
- Family Planning information (birth control, pregnancy services, etc.)
- Mental Health Counseling, for me
- Mental Health Counseling, for child(ren)
- Grief and Loss counseling/support
- Trauma counseling/support
- Family counseling/classes
- Nutrition/ Cooking
- Fitness/Weight management
- Healthy Relationships
- Childcare while in services

## Legal/Other

DONE    STILL NEED  
HELP WITH

- Obtaining State ID card
- Dependency case
- Parenting Plan through the courts
- Divorce information
- Reduce fines & fees - for  
(Circle one) District Court or Superior Court
- Cellphone assistance
- Letter of support/recommendation for:

Other (please specify) \_\_\_\_\_

The team will help you with your needs and use it to select your Life Skills requirements

