

*******Drug Court Application to Phase up to 4*******

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 3 for at least **12 weeks (90 days)** Date I went to Phase 3: _____
- I have at least **60 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 **30 days / 4 weeks program compliance** (totally sanction-free). Last sanction: _____
- If restitution is owed, I have paid \$ _____ towards the full amount of \$ _____.
- I am currently doing the following to help support self-sufficiency, personal growth: (*circle one*)
(1) Vocational training (2) Employment (3) GED/school (4) Giving back / volunteer
- I have attended a Life Skills or other court-authorized class
please attach documentation of attendance or get a verification signature
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 _____
- One goal I am working on / hope to achieve soon: _____

Continued on back

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

List the 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

Please list all of the classes, therapy and/or services that you feel have helped you and/or your family?

Describe what is different about you today as compared to the person who first started Drug Court?

Any comments/suggestions/changes you would make to the team/program?

What **reward / incentive** 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

