

*******Drug Court Application to GRADUATE*******

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 graduate the *following month/scheduled appearance*.

Name: _____ Date Turned In: _____

Current Address: _____

Cell/Msg#: _____ Email: _____

I meet the following Criteria to Graduate: (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 4 at least 16 weeks (4 months). Date I went to Phase 4: _____

****You must be in Phase 4 for 16 weeks PRIOR to turning in application! ****

I have at least **90 days of submitting negative UAs** when my color has been called:
My personal clean date is: _____ **The courts go from this date:** _____

You have completed your substance use disorder treatment assignments / plan.

Case Manager verification signature: _____

You have **30 days / 4 weeks program compliance** (totally sanction-free). Last sanction: _____

If it applies, I have paid the Restitution owed on my case.

Restitution amount paid: \$ _____

I have participated in the Drug Court program for a minimum of **12 months from your Opt In date:** _____. (**Residential DOSA is a minimum of 15 months**)

Since being in phase 4, I have attended: at least 4 meetings at Reach Too Alumni/Advisory Meetings **OR** you can do 6 weeks of **consecutive** Support Circles: (CIRCLE ONE(S) ATTENDED):
Alumni Meetings / Advisory Meetings / 6 weeks of Support Circles

Verification signature from Reach Too Employee: _____

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.

I have completed "Exit Interview" survey questionnaire (attach to this application)

I have completed "Look and see what I've Accomplished" worksheet (attach to this application)

I have attached the letter to the Arresting Officer (Call the Drug Court office to find out your arresting Officer's name so you can address the letter to them. 564-397-2168 or 360-798-5989).

I have attached a letter to the victim in my case if I have one / owed restitution.

YOU MUST be involved with **ONE** of the following an avg. of **15 hrs./week** unless otherwise noted:

➤ **Employed:** Y N **Company Name:** _____

Date Started: _____ **Typical schedule/hours:** _____

➤ **Enrolled in School:** Y or N **Where?** _____

Date Started: _____ **What program?** _____

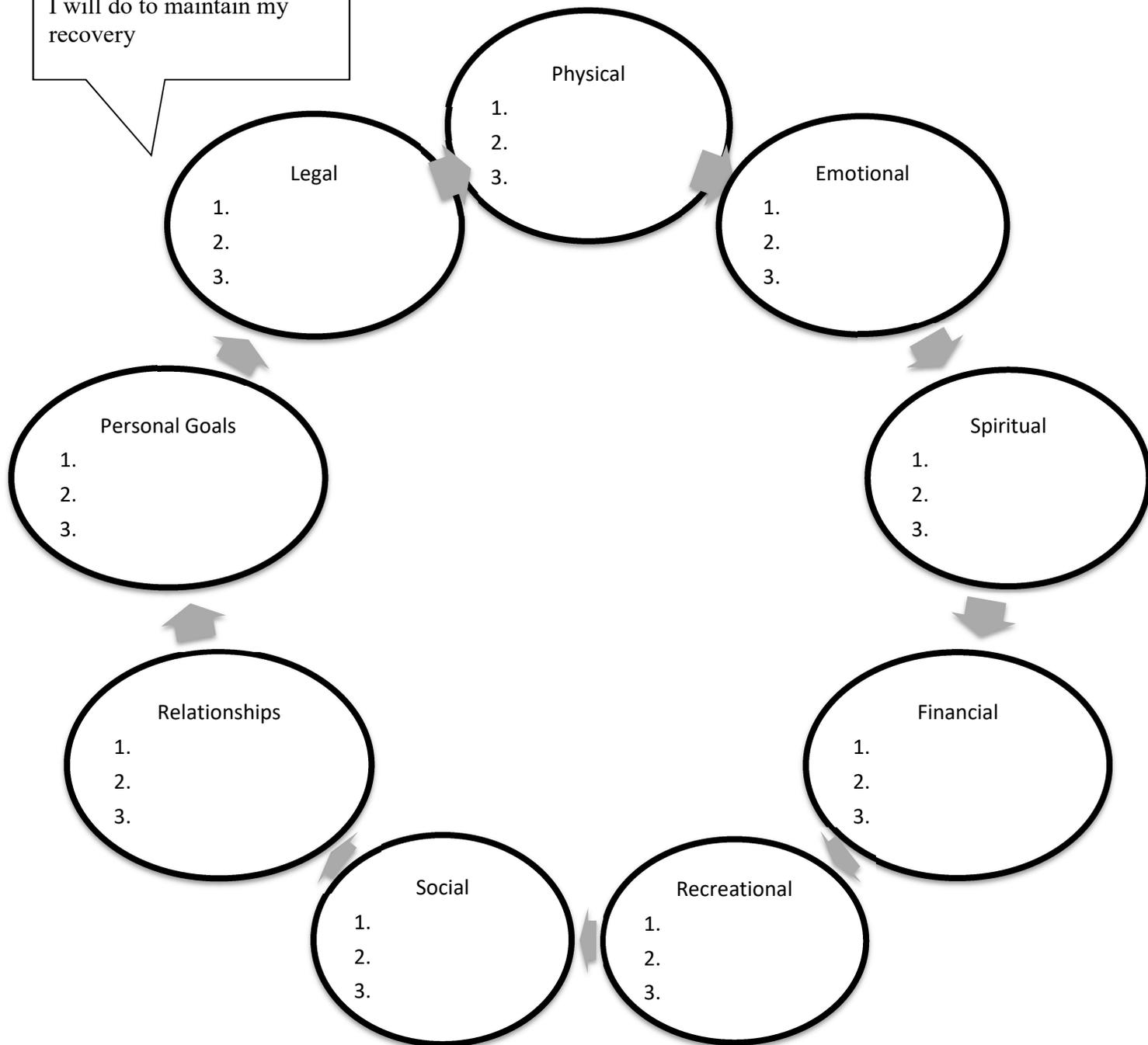
Schedule of Classes: _____

➤ **Volunteering** Y or N **Where & how many hours each week?** _____

Date started: _____

Other source of financial support: _____

This is my Wellness / After Care Plan which includes 3 things in each category that I will do to maintain my recovery



Some of the best predictors for long-term success is to take good care of your **HEALTH**, have a stable **HOME**, feel a sense of **PURPOSE** and feel **CONNECTED** to your **COMMUNITY**. Please take some time and review all these areas of your life to maintain your new healthy lifestyle choices!

Congratulations!

You've come this far and have made tremendous progress in your life!

**EXIT INTERVIEW FOR
CLARK COUNTY DRUG COURT / DOSA DRUG COURT**

We value your input and would like to get feedback on your journey! Date filled out: _____

- Graduating / Completing the Program Terminated Opted Out

Did you start the program from In-Custody (jail) or Out-of-Custody? _____

1. In your opinion, what are YOU most proud of in your life today?

2. What challenges did you face while in the program?

3. Why did you originally choose to come into this program?

- To get out of / avoid jail time Treatment available
 Support/structure Resources available
 Family / child custody Other _____

4. Prior to this program, have you had any contact with any of the following?

- Probation/Parole Outpatient treatment
 Inpatient treatment Another Drug/Treatment Court program
 Child Protective / Welfare Services

5. What aspects of the Court supervision do you feel was helpful to you (Please check ALL that you feel motivates you)?

- Positive interaction with the Judge, praise Sobriety coins
 Phasing up ceremonies Extra support meetings
 Rewards/Incentives for doing well for the week
 Referrals to other types of support groups, skill-building classes, resources in general
 Writing assignments / Essays / Calendar exercises
 Having my entire team there to answer any questions I had or get feedback
 Threat of jail Threat of losing custody of my children Other: _____
 Other: _____

6. What aspects of the Court supervision do you feel was LESS helpful to you in motivating you (Please check ALL that apply)?

- Positive interaction with the Judge, praise
- Phrasing up ceremonies
- Rewards/Incentives for doing well for the week (fortune cookies, PayDay candy bars, Smarties)
- Referrals to other types of support groups, skill-building classes, resources in general
- Writing assignments / Essays / Calendar exercises
- Having my entire team there to answer any questions I had or get feedback
- Threat of jail
- Other: _____
- Other: _____
- Sobriety coins
- Extra support meetings
- Work Crew / Community Service
- Threat of losing custody of my children

7. If money was no object, what reward / incentives would have been helpful to you / your family?

Treatment / Education Services Aspect of This Program

8. While you have been in this program, have you been referred to Inpatient treatment?

- No
- I wasn't referred but I went to inpatient on my own
- Yes, and completed inpatient
- Yes, but never went to inpatient
- Yes, and went to inpatient but did not complete
- Yes, and went to inpatient twice or more

List the name(s) of the Inpatient Treatment Center and length of stay (# of months)

9. Please check off the name of the treatment center and/or education services you or your children attended during drug court AND the type of the treatment or class.

- Lifeline Connections _____
- Veteran's Administration _____
- Cowlitz Indian Tribe _____
- MAT: Ideal Options _____
- REACH Too / REACH Center classes: _____
- Other: _____
- SeaMar/CSNW _____
- Columbia River Mental Health _____
- Children's Home Society _____
- Children's Center _____

10. What aspect of treatment do you feel really HELPED you? Please list/explain your answer below. (if you did not go, please write N/A)

11. What aspect of treatment do you feel was LEAST helpful to you? Please list/explain your answer below.

12. Please describe some skills or information you specifically learned from parenting class and/or therapy services that you feel really HELPED you and your family the most? Please list/explain your answer below. (if you did not go, please write N/A)

Personal Experience in This Program

13. Was there anyone on the team that you didn't understand what their role was? Do you have a suggestion for how we can communicate that better to new participants?

14. Please select each member on the Team that you felt comfortable contacting to ask questions and/or to share personal information with.

- | | |
|---|--|
| <input type="checkbox"/> Treatment Counselor / Case Manager | <input type="checkbox"/> Child Social Worker |
| <input type="checkbox"/> Specialty Court Coordinator | <input type="checkbox"/> Defense Attorney |
| <input type="checkbox"/> Coordinator's Assistant | <input type="checkbox"/> Family Specialist / Therapist |
| <input type="checkbox"/> Other Counselor (MH, DV, etc) | <input type="checkbox"/> Judge |
| <input type="checkbox"/> Parenting Class Educator | <input type="checkbox"/> Recovery Coach / Mentor / Recovery Support Specialist |
| <input type="checkbox"/> CASA | <input type="checkbox"/> Foster Parent Mentor |
| <input type="checkbox"/> Other (please specify) _____ | |
| <input type="checkbox"/> I don't feel comfortable sharing personal information with anyone at this time | |

15. From what you can remember, please list any responses you may have received from any violations while in the program, and also mark the appropriate box if it was helpful or not:

Response: _____

- Very Helpful A little bit helpful Not at all helpful

Response: _____

- Very Helpful A little bit helpful Not at all helpful

Response: _____

- Very Helpful A little bit helpful Not at all helpful

Response: _____

- Very Helpful A little bit helpful Not at all helpful

Response: _____

- Very Helpful A little bit helpful Not at all helpful

16. From what you can remember, please list any rewards / incentives that you received while you were in the program, and also mark the appropriate box if it was helpful or not:

Reward : _____

- Very Helpful A little bit helpful Not at all helpful

Reward : _____

- Very Helpful A little bit helpful Not at all helpful

Reward : _____

- Very Helpful A little bit helpful Not at all helpful

Reward : _____

- Very Helpful A little bit helpful Not at all helpful

17. Anything else you thought was really helpful to get you focused or back on track?

18. Did you receive any extra services or help to overcome any barriers while in this program? YES NO

If YES, what did you receive? _____

19. Which community support groups do you attend (please check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Alcoholics Anonymous | <input type="checkbox"/> Mentor activities |
| <input type="checkbox"/> Narcotics Anonymous | <input type="checkbox"/> Alanon / Codependency anonymous |
| <input type="checkbox"/> Church / Youth Group | <input type="checkbox"/> Sponsor meetings |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Gender-specific meetings |
| <input type="checkbox"/> SMART Recovery | <input type="checkbox"/> Grief / Loss meetings |
| <input type="checkbox"/> Domestic Violence support groups | <input type="checkbox"/> Medication-Assisted Recovery meetings |
| <input type="checkbox"/> Organized clean and sober activities (bowling, softball, retreats, campouts, etc.) | |
| <input type="checkbox"/> Other (please specify) _____ | |

20. How long have you been in this program (# of months)? _____

21. About how long from the time you were arrested did it take to actually get in and start Drug Court (best guess in # of weeks): _____

22. How did you first learn / know about Drug Court?

- attorney cell mate / jail worker friend / family
 other _____

23. Did you choose to have a mentor while in the program? If so, about how often did you talk or meet up on average and what did you like most about it?

24. If you were in charge of the program, what suggestions or changes would you make?

25. If you are opting out of the program, why are you leaving and is there anything the court / team could have done differently to change your mind to stay in?

look at What I've Been Able to Accomplish!

Name _____ Date _____

While participating in the Drug Court/ DOSA Program, I got help with the following services (please check ALL that apply)!

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

Other

- Other (please specify)

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

DONE STILL NEED
HELP WITH

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