

State Court of Fulton County Recovery Treatment Court Program



Promotion Request – Phase Form I to II

COMPLETED PHASE REQUEST FORM SHOULD BE SUBMITTED BY EMAIL/FAX/IN-PERSON TO RECOVERY TREATMENT COURT ONE WEEK PRIOR TO YOUR DESIRED PHASE-UP DATE.

Name: _____ Date submitted to Court: _____, 20____.

I am requesting a promotion from Phase I to Phase II of Recovery Treatment Court effective _____. I have completed the following requirements, as indicated by my initials on each line:

- ___ I will have been in Phase I a minimum of eight weeks and have completed sixteen group sessions.
- ___ I have completed _____ individual counseling sessions.
- ___ I have completed my assessment with court staff on _____.
- ___ I have achieved and maintained an alcohol- and drug-free lifestyle for a minimum of 30 days, as evidenced by consistent negative alcohol/drug screens. My last use date for any prohibited substances is _____.
- ___ I have satisfactorily completed all assignments given to me by treatment staff and presented them in group.
- ___ I have a balance of \$300 or less or I am in compliance with a payment plan that was set up and approved by the DUI Court Treatment Team. I understand that I will not be allowed to move up if I have a fee balance in excess of the maximum.
- ___ I am employed, in school full-time or I am actively seeking employment.
- ___ I have completed a weekly calendar and monthly budget with my case manager.
- ___ I have attended all required court and treatment sessions and have made up any absences.
- ___ I have been sanction-free for _____ days.
- ___ I have completed MADD or VIP on _____, 20____.
- ___ I have obtained and provided the Recovery Treatment Court Team with a copy of my State ID.
- ___ I commit to remaining compliant with all policies and procedures of the Recovery Treatment Court Program.
- ___ I hereby commit that I have reviewed the handbook while in this phase.

I have met with my counselor and reviewed the above items and have obtained approval to submit this request as evidenced by the signature below.

Participant Signature _____ Date _____

By signing below, I agree that all treatment requirements outlined above have been met by the participant.

Treatment Provider _____ Date _____

___ Approved	___ Denied
_____	_____
Court Staff	Date