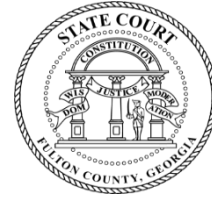


State Court of Fulton County Recovery Treatment Court Program



Promotion Request – Phase II to Phase III

COMPLETED PHASE REQUEST FORM SHOULD BE SUBMITTED BY EMAIL/FAX/IN-PERSON TO THE 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 II to Phase III 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 II a minimum of fourteen weeks and have completed 28 group sessions.

____ I have completed _____ individual counseling sessions.

____ I have achieved and maintained an alcohol- and drug-free lifestyle for a minimum of 60 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 attended all court and treatment sessions and have made up any absences.

____ I have a balance of \$650 or less, or I am in compliance with a payment plan that was set up and approved by the Recovery Treatment Court 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 have applied for at least 7 jobs weekly and have provided proof to my case manager. If Unemployed, I completed Job Skills Training on _____.

____ I have been sanction-free _____ days.

____ I attended Risk Reduction on _____.

____ 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