## State Court of Fulton County Recovery Treatment Court Program



## Promotion Request – Phase III to Phase IV

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
	uesting a promotion from Phase III to Phase IV of Recovery Treatment Court effective I have completed the requirements, as indicated by my initials on each line:
	I will have been in Phase III a minimum of fourteen weeks and have completed twenty-eight group 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 required court and treatment sessions and have made up any absences.
	I have a balance of \$350 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 or in school full-time
	I have been sanction-free for days.
	I have obtained and provided the Recovery Treatment Court Team with a copy of my State ID.
	I hereby commit that I have remained 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 m	net with my counselor and reviewed the above items and have obtained approval to submit this request as evidenced by the e below.
Participa	nt Signature Date
By signir	g below, I agree that all treatment requirements outlined above have been met by the participant.
Treatme	nt Provider Date
A	pproved Denied
Court S	taff Date

Updated: March 16, 2023