

State Court of Fulton County Recovery Treatment Court Program



Promotion Request – Phase IV to Phase V

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 IV to Phase V 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 IV a minimum of twelve weeks and completed twelve group sessions.
- ____ I have completed at least two individual counseling sessions and my Life Story.
- ____ I have achieved and maintained an alcohol- and drug-free lifestyle for a minimum of 90 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 at least 2 community support group meetings per week every week.
- ____ 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 _____ days.
- ____ I have attended all required court and treatment sessions and have made up any absences.
- ____ I hereby 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 understand that I will not be able to graduate and/or receive a certificate of completion unless I have a zero balance.

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