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| **Phase 1 Requirements** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Review each requirement with staff and initial you understand the expectation** |

\_\_\_\_\_\_ I will attend court every week at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ I will follow my treatment plan.

\_\_\_\_\_ I will comply with supervision and meet weekly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

\_\_\_\_\_ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

\_\_\_\_\_ I will submit to random urine analysis testing as determined by the treatment court team. UA testing call number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

\_\_\_\_\_ I will obtain a medical assessment as directed by my treatment team.

\_\_\_\_\_ I acknowledge my curfew is at 9 p.m.

I have reviewed the requirements for phase 1 and understand my responsibilities to the treatment court program.

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Client Signature Date

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| **Phase 2 Requirements** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Review each requirement with staff and initial you understand the expectation** |

\_\_\_\_\_\_ I will attend court bi-monthly at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ I will follow my treatment plan.

\_\_\_\_\_ I will comply with supervision and meet weekly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

\_\_\_\_\_ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

\_\_\_\_\_ I will submit to random urine analysis testing as determined by the treatment court team. UA testing call number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

\_\_\_\_\_ I start attending peer recovery groups.

\_\_\_\_\_ I will develop a financial plan and follow it.

\_\_\_\_\_ I will address all medical needs identified.

\_\_\_\_\_ I acknowledge my curfew is at 10 p.m.

I have reviewed the requirements for phase 2 and understand my responsibilities to the treatment court program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

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| **Phase 3 Requirements** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Review each requirement with staff and initial you understand the expectation** |

\_\_\_\_\_\_ I will attend court monthly at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ I will follow my treatment plan.

\_\_\_\_\_ I will comply with supervision and meet bi-monthly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

\_\_\_\_\_ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

\_\_\_\_\_ I will submit to random urine analysis testing as determined by the treatment court team. UA testing call number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

\_\_\_\_\_ I will maintain attending peer recovery groups and establish a recovery network.

\_\_\_\_\_ I will start life skills classes identified by the treatment court team.

\_\_\_\_\_ I will begin a criminal thinking program.

\_\_\_\_\_ I will engage in a pro-social activity.

\_\_\_\_\_ I will maintain my financial plan.

\_\_\_\_\_ I will address all medical needs identified.

\_\_\_\_\_ I acknowledge my curfew is at 11 p.m.

I have reviewed the requirements for phase 3 and understand my responsibilities to the treatment court program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

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| **Phase 4 Requirements** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Review each requirement with staff and initial you understand the expectation** |

\_\_\_\_\_\_ I will attend court monthly at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ I will follow my treatment plan.

\_\_\_\_\_ I will comply with supervision and meet bi-monthly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

\_\_\_\_\_ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

\_\_\_\_\_ I will submit to random urine analysis testing as determined by the treatment court team. UA testing call number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

\_\_\_\_\_ I will maintain attending peer recovery groups and my recovery network.

\_\_\_\_\_ I will find employment, vocational training, or school.

\_\_\_\_\_ I will continue my criminal thinking program.

\_\_\_\_\_ I will maintain participating in a pro-social activity.

\_\_\_\_\_ I will address ancillary services as needed (parenting classes, family support, etc.).

\_\_\_\_\_ I will maintain my financial plan.

\_\_\_\_\_ I will address all medical needs identified.

\_\_\_\_\_ I acknowledge my curfew is at 12 a.m.

I have reviewed the requirements for phase 4 and understand my responsibilities to the treatment court program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

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| **Phase 5 Requirements** |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Review each requirement with staff and initial you understand the expectation** |

\_\_\_\_\_\_ I will attend court monthly at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ I will follow my treatment plan and develop a continuing care plan.

\_\_\_\_\_ I will comply with supervision and meet monthly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

\_\_\_\_\_ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

\_\_\_\_\_ I will submit to random urine analysis testing as determined by the treatment court team. UA testing call number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

\_\_\_\_\_ I will maintain attending peer recovery groups and my recovery network.

\_\_\_\_\_ I will maintain my employment, vocational training, or school.

\_\_\_\_\_ I will complete my criminal thinking program.

\_\_\_\_\_ I will maintain participating in a pro-social activity.

\_\_\_\_\_ I will address ancillary services as needed (parenting classes, family support, etc.).

\_\_\_\_\_ I will maintain my financial plan.

\_\_\_\_\_ I will address all medical needs identified.

I have reviewed the requirements for phase 5 and understand my responsibilities to the treatment court program.

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Client Signature Date