

Denver County Sobriety Court
Phase Advancement Application – Phase I to Phase II

Name: _____

Date Entered Sobriety Court: _____ Probation Officer: _____

You were ordered to complete the following during Phase I: enroll and maintain compliance with treatment plan, maintain 90 days substance free, be compliant with required monitored sobriety testing, complete Level-II Education and maintain compliance with court-ordered probation supervision.

Completely answer the following questions for this advancement application. Use additional paper if necessary.

Recovery In a Secure Environment (R.I.S.E.) – Denver County Jail

Please rate the services you received while incarcerated in the R.I.S.E. unit (1-not beneficial, 2-somewhat beneficial, 3-beneficial, 4-beneficial and somewhat aided in my sobriety, 5-very beneficial, aided in my sobriety and all drinking and driving offenders should go through this program).

- | | |
|--|--|
| <input type="checkbox"/> Community re-entry services | <input type="checkbox"/> Substance Abuse Classes |
| <input type="checkbox"/> Job search | <input type="checkbox"/> Level-II Education |
| <input type="checkbox"/> Victim Impact Panel (MADD) | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Other (name of program/service) _____ |

How much jail time did you serve in accordance with your plea agreement? _____

Rate your experience in the R.I.S.E. unit _____ (1-not beneficial, 2-somewhat beneficial, 3-beneficial, 4-beneficial and somewhat aided in my sobriety, 5-very beneficial, aided in my sobriety and all drinking and driving offenders should go through this program).

Name three things you learned while incarcerated in the R.I.S.E. unit and participating in the unit's treatment program. _____

Treatment

Please list and rate the treatment programs you attended during this phase (1-not beneficial, 2-somewhat beneficial, 3-beneficial, 4-beneficial and somewhat aided in my sobriety, 5-very beneficial, aided in my sobriety and all drinking and driving offenders should go through this program).

_____ Name	_____ rating	_____ Name	_____ rating	_____ Name	_____ rating
_____ Name	_____ rating	_____ Name	_____ rating	_____ Name	_____ rating

Name three things you learned from treatment that will assist you in maintaining a substance free life? _____

Sobriety

What is the date of your last use of alcohol or any drugs? _____

What type of substance did you use? _____

How long have you maintained sobriety? _____

Prior to this period of sobriety, what was your longest period of sobriety and when? _____

What challenges or obstacles have you experienced in maintaining sobriety? _____

Relapse Prevention

List at least three main elements of your relapse prevention plan. _____

Support System

What support network are you currently engaged with? _____

Describe how the support network has been beneficial. _____

In addition to the support network listed above, what other types of support have you used? _____

Describe how this other support network has been beneficial. _____

What are your personal goals? _____

How is the support network helping you reach your personal goals? _____

Employment and Education

Are you currently employed? Yes or No

If yes, where are you employed? _____

If no, what are your plans for future employment? _____

Are you currently enrolled in school or vocational training? Yes or No

If yes, where are you attending? _____

What type of degree or training are you enrolled in? _____

If no, what are your plans for future education or training? _____

Describe your involvement with community re-entry services? _____

Rate this program/services (1-not beneficial, 2-somewhat beneficial, 3-beneficial, 4-beneficial and somewhat aided in my sobriety, 5-very beneficial, aided in my sobriety and all drinking and driving offenders should go through this program).

Accomplishments

Describe 3 accomplishments you achieved during this phase. _____

What are you most proud of during this phase? _____

List all of the incentives have you received during this phase? _____

Do you think these incentives were beneficial? Yes or No
If not, what type of incentives do you think would be beneficial? _____

Violations

Describe any violations you have had during this phase, what you learned from them, and how you have changed your behavior. _____

What type of sanctions did you receive during this phase? _____

If jail was a sanction, how many days total did you serve during this phase? _____
Do you think these sanctions were beneficial in changing your negative behavior? _____
Explain _____

Goals and Obstacles

What obstacles did you face in this phase and what is your plan to deal with these challenges for the next phase? _____

List 3 specific goals for this next phase and how you plan to accomplish these goals? _____

Why do you believe you should be advanced to the next phase? _____

Based on the above, I respectfully request that the Sobriety Court Team approve my application for phase advancement.

Participant signature _____ Date submitted _____

This application has been approved by:

Treatment Provider

Date approved

Probation Officer

Date approved

Judge

Date approved