

Application for Commencement



Name: _____

Date Turned in: _____

Current Address: _____

Phone: _____

Email: _____

You **MUST** meet the following criteria to graduate: (place an "X" if task is completed)

- You have been in Phase 5 for a minimum of 30 days. Date entered phase 5: _____
- You have a minimum of 90 consecutive days of sobriety. What is your sobriety date: _____
- You are engaged in treatment and attending regularly? **Treatment signature:** _____
- Presented continuing care plan to treatment court team? (to include YouTube Video and **reflection**)
Treatment signature: _____
- You completed Community Service Project? (Art for phase 1 participants on 8 ½ x 11 paper.)
- Completed all requirement on court disposition sheet? **P.O. signature:** _____
- Provided proof of 8 hours of educational/vocational advancement? **P.O. signature:** _____
- Engaged in recovery support groups? Home group: _____
- Engaged in pro-social (fun/healthy/legal) activities? What: _____
- Where are you employed or attending school? _____
- Identify 3 coping responses if triggered:
 - _____
 - _____
 - _____
- Identify 3 community resources you can reach out to if need additional support:
 - _____
 - _____
 - _____
- Email 3 pictures of yourself and your support system to LaurenBerens@jnsnashville.gov

Graduate Signature Date

Coordinator Approval Date