

PHASE 1 Weekly Reporting



Name: _____ Court Date: _____

Important Appointments

Treatment Intake/Appointment: _____

Probation Office Appointment: _____

Mental Health Appointment: _____

Other Appointment: _____

Phase 1 Requirements- 60 days minimum, come to court weekly

- Engaged with treatment as assessed
- Attending treatment related groups/meetings daily
- Comply with additional conditions and supervision
- Develop case plan with P.O.
- Monthly office visits with P.O.
- Monthly home visits
- Random drug testing- \$2.00 per test
- Obtain immediate medical needs
- Address housing
- Obtain stable employment and provide proof to P.O.
- Start changing people, places and things
- MINIMUM of 14 days sobriety to move up to phase 2

You are required to obtain employment in Phase 1.

Please list where you've applied, a contact, and the status of your application.

Where	Contact at Company	Status of Application

Are you aware that driving without a valid license, current insurance or vehicle registration is illegal and can result in a **jail sanction and/or termination from the Recovery Court Program?** YES NO

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I certify that I attended the self-help meetings/sessions listed on my meeting sheets submitted in court today. I certify that all the information provided on my meeting sheet is true and correct. I understand that forgery or dishonesty can result in a jail sanction or program termination.

Name _____ Signature: _____ Date _____

Community Meetings (includes Therapy and Self Help Meetings)

FRIDAY Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Meeting Date: ____/____/____ Meeting Time: ____:____ Address: _____

Personal Reflection: _____

SATURDAY Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Meeting Date: ____/____/____ Meeting Time: ____:____ Address: _____

Personal Reflection: _____

SUNDAY Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Meeting Date: ____/____/____ Meeting Time: ____:____ Address: _____

Personal Reflection: _____

MONDAY Meeting Name _____ Meeting Type _____

Counselor/Facilitator signature: _____

Meeting Date: ____/____/____ Meeting Time: ____:____ Address: _____

Personal Reflection: _____

Highlight from the Week: _____