

*******Drug Court Application to GRADUATE*******

APPLICATIONS MUST BE TURNED IN FULLY COMPLETED BY YOUR COURT DATE. You can arrive 15 minutes early to find out some answers by Drug Court staff. The team will review the application and if you meet criteria, you will graduate the *following month/scheduled appearance*.

Name: _____ Date Turned In: _____

Current Address: _____ Phone: _____
_____ Cell/Msg: _____

Email: _____

Is this an Oxford House: Y or N Drug Court/Faith Based House: Y or N

You MUST meet the following Criteria to Phase Up: (place an "X" if you have completed these)

- You have a minimum **90 days of court clean time:**
What is your **court** clean date? _____ (not personal time, Treatment **Court** time).
(you can contact the Drug Court office for your official court clean time if you do not know what it is: 397-2304 / 397-2168)
- You have at least **120 days while in Phase 4:** Date you went to **Phase 4:** _____
You must be in Phase 4 for 4 months PRIOR to turning in application!
- You have completed your substance abuse treatment assignments
Counselor/Case Manager verification signature: _____
- You have **30 days/4 weeks program compliance** (totally sanction-free)
(you can contact the Drug Court office for your official last sanction date if you do not know what it is: 397-2304 / 397-2150 ext 5826)
- You have paid at least at total of **\$600** in payments for treatment court program fee and any restitution (if any) is paid in full or on a payment plan, if required.
- Have participated in the Drug Court program for a minimum of **12 months from your Opt In date:** _____.
- Attended while in Phase 4: at least 4 of meetings at Reach Too Alumni/Advisory Meetings **OR** you can do 6 weeks of **consecutive** Support Circles: (CIRCLE WHICH ONE(S) YOU ATTENDED): **Alumni Meetings / Advisory Meetings / 6 weeks of Support Circles**
Verification signature from Reach Too: _____
- To the best of my knowledge, I do not have any outstanding legal matters/cases/warrants in any other jurisdiction other than some financial obligations.
- Completed "Exit Interview" survey questionnaire (attach to this application)
- Completed "Look and see what I've Accomplished" worksheet (attach to this application)
- Attached the letter to the Arresting Officer (Call the Drug Court office to find out your arresting Officer's name so you can address the letter to them. 360-397-2150 x5826 or 397-2304).

YOU MUST be involved with **ONE** of the following unless otherwise noted:

Employed: Y Or N If YES, Company Name: _____

**** (Please attach a COPY of a pay stub and/or work schedule)**

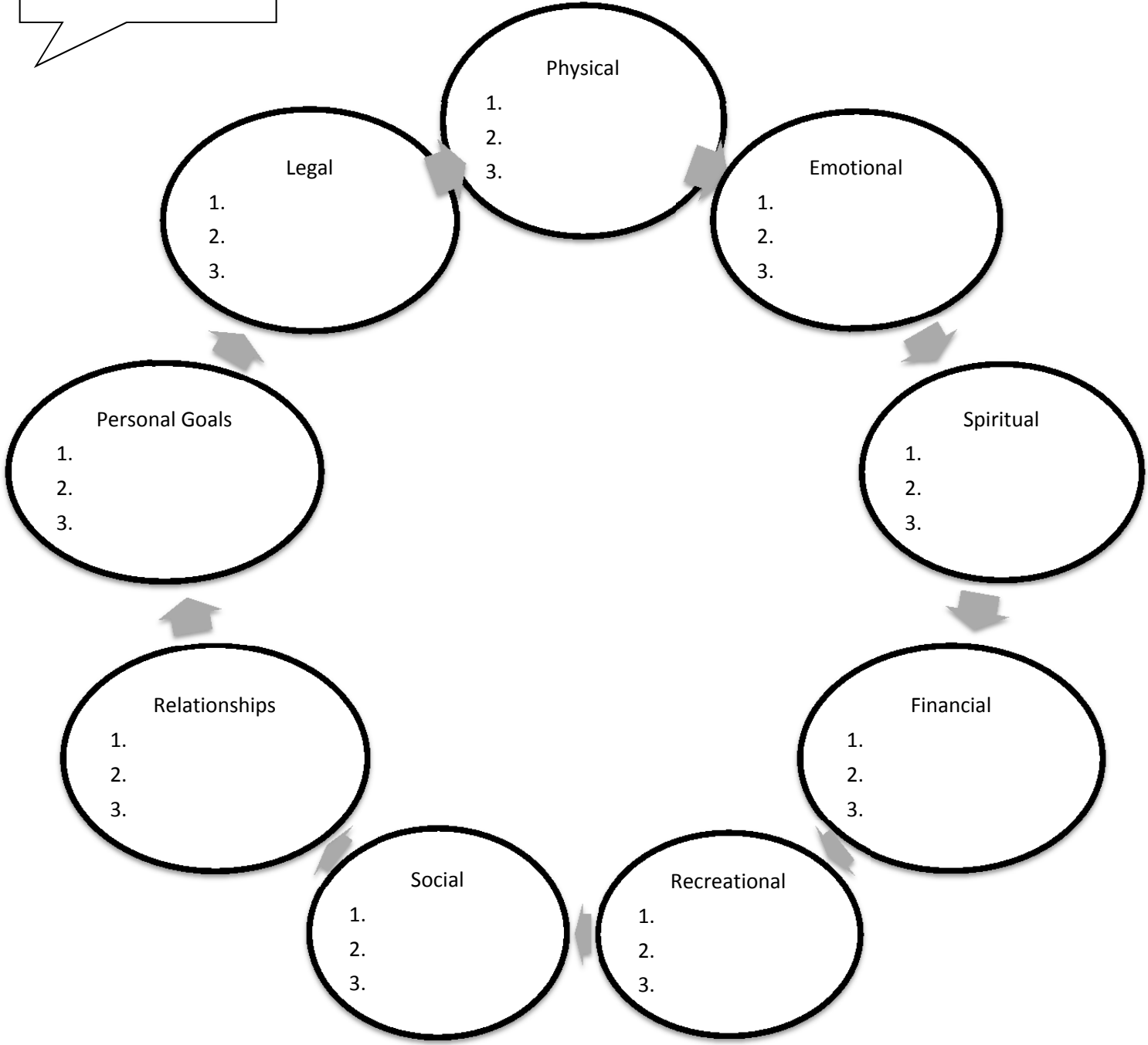
* OR *

Enrolled in School: Y Or N If yes, where? _____ major: _____

**** (Please attach a copy of course syllabus/ admission papers)**

* OR * **Volunteer / Service Organization (an average of 15 hrs/week):**

This is my Wellness / After Care Plan which includes 3 things in each category that I will do to maintain my recovery



THERAPEUTIC SPECIALTY COURTS (TSC)—EXIT INTERVIEW

Please place an "X" in the appropriate box of how you are leaving the program

Graduating the Program: Terminated: Opting Out:

Entry Process

1. How did you first learn that this program was an option for you?

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Friend | <input type="checkbox"/> In custody |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Family | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Court | <input type="checkbox"/> Peer | |
| <input type="checkbox"/> Other: _____ | | |

2. Did you start this program in custody or were you out of custody and pending your charges / case?

- In Detention/Jail when I entered
- Out of custody (Detention/Jail) when I entered
- In residential treatment
- N/A

3. How long did it take for you to get into this program from the time your legal proceedings began (ARREST) until the time you opted in?

- Less than one month
- Between 1 -2 months
- 3 months or longer
- Unknown or can't remember

4. Why did you originally choose to come into this program?

- | | |
|--|--|
| <input type="checkbox"/> To get out of jail | <input type="checkbox"/> Treatment available |
| <input type="checkbox"/> Less incarceration time | <input type="checkbox"/> Support/structure |
| <input type="checkbox"/> Financial benefit | <input type="checkbox"/> Keep license |
| <input type="checkbox"/> Resources available | <input type="checkbox"/> No conviction |
| <input type="checkbox"/> Other _____ | |

Court Aspect of This Program

5. During orientation, was all the necessary information about program rules, regulations, and expectations explained to you? Please score how much information you knew about Drug Court and the rules before you started the program.

Not at all fair average/decent good explained well

6. What aspects of the Court supervision do you feel is helpful to you (Please check ALL that you feel motivates you)?

- Positive interaction with the Judge
- Sobriety coins
- Phasing up ceremonies
- Rewards/Incentives for doing good for the week
- Community Service / Work Crew
- Extra support meetings
- Home visits
- Writing assignments / Essays
- Increasing court reporting
- Detention/Jail or threat of Detention/Jail

7. What aspects of the Court supervision do you feel is LESS helpful to you in motivating you (Please check ALL that apply)?

- Positive interaction with the Judge
- Sobriety coins
- Phasing up ceremonies
- Rewards/Incentives for doing good for the week
- Community Service / Work Crew
- Extra support meetings
- Home visits
- Writing assignments / Essays
- Increasing court reporting
- Detention/Jail or threat of Detention/Jail

Treatment Aspect of This Program

8. What aspect of treatment do you feel really HELPED you? Please list/explain your answer below.

9. What aspect of treatment do you feel was LEAST helpful to you? Please list/explain your answer below.

10. Which outpatient treatment center did you attend?

- Lifeline Connections
- Community Services NW
- NW Recovery
- Change Point
- Cowlitz Tribe
- Veterans Administration
- Kaiser Permanente
- Daybreak
- Other: _____

11. While you have been in this program, have you been referred to Inpatient treatment?

- No
- I wasn't referred but I went to inpatient on my own
- Yes, and completed inpatient
- Yes, but never went to inpatient
- Yes, and went to inpatient but did not complete
- Yes, and went to inpatient twice

List Inpatient Treatment Center(s) Name and length of stay (# of days/months):

12. Prior to this program, have you had any contact with any of the following?

- Probation/Parole
- In patient treatment
- DSHS/CPS
- Out-patient treatment
- Other Drug Court program

Personal Experience in This Program

13. Do you feel comfortable enough to be able to talk to at least one person on the TSC team? Please select each member on the Team that you feel comfortable sharing information.

- Treatment Counselor / Case Manager
- Specialty Court Coordinator
- Coordinator's Assistant
- Probation Counselor / DOC
- Judge
- Mentor
- Child Worker / CASA
- Defense Attorney
- Prosecuting Attorney
- Other Counselor (MH, DV, etc)
- Educator
- Other (please specify) _____
- I don't feel comfortable sharing with anyone at this time

14. Did you receive sanction(s) while in this program? Please check ALL that apply to you.

	Community Service / Work Crew	extra meetings	Jail/ Detention	written assignment	warrant issued
YES	<input type="checkbox"/> # of hrs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____					

15. Did you receive any Rewards, extra services or help to overcome some barriers while in this program?

- YES
- NO

If YES, what did you receive and/or who helped you the most?

16. Which community support groups do you attend (please check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Alcoholics Anonymous | <input type="checkbox"/> Mentor activities |
| <input type="checkbox"/> Narcotics Anonymous | <input type="checkbox"/> Alanon / Co-dependency anonymous |
| <input type="checkbox"/> Church / Youth Group | <input type="checkbox"/> Sponsor meetings |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Gender-specific meetings |
| <input type="checkbox"/> SMART Recovery | <input type="checkbox"/> Grief / Loss meetings |
| <input type="checkbox"/> Domestic Violence support groups | |
| <input type="checkbox"/> Organized clean and sober activities (bowling, softball, retreats, campouts, etc) | |
| <input type="checkbox"/> Other (please specify) _____ | |

17. In your opinion, what are YOU most proud of in your life today?

18. Did you choose to have a mentor while in the program? If so, about how often did you talk or meet up on average?

19. What comments and/or changes would you like us to know about or think about for the program?

20. If you are opting out, why are you leaving the program?



LOOK AT WHAT I'VE BEEN ABLE TO ACCOMPLISH!

Name _____

Date _____

While participating in the Felony Drug Court Program, I've been able to accomplish or overcome the following needs: (please check **all** that apply, and also check what you still need help with)

Transportation

DONE STILL NEED
HELP WITH

- Transportation
- Obtaining Driver's License
- Ignition Interlock
- DOL hearing (habitual offender status)
- Fines in Collections

Employment

DONE STILL NEED
HELP WITH

- Employment/Resume/Job search/Interview skills/interview clothing

Housing

DONE STILL NEED
HELP WITH

- Clean and sober housing w/ child(ren)
- Clean and sober housing w/ no kids

Education

DONE STILL NEED
HELP WITH

- Education/GED
- Finances/Better Budgeting
- Time Management/Organization/Scheduling
- Stress Management
- Parenting Classes
- Learn Child/Infant/Adult CPR & First Aid
- Learning about or how to use computers
- Creative Problem solving
- Domestic Violence Classes/Anger Management

DONE STILL NEED
HELP WITH

- Having fun sober (hobby, exercise)
- Recovery environment
- Family/peer-to-peer support/mentor

Health & Wellness

DONE STILL NEED
HELP WITH

- Medications (access / copay)
- Dental health care insurance / issues
- Medical health Care/ issues (diabetes, Hep C, etc.)
- Family Planning information (birth control, pregnancy services, etc.)
- Mental Health Counseling, for me
- Mental Health Counseling, for child(ren)
- Grief and Loss counseling/support
- Trauma counseling/support
- Family counseling/classes
- Nutrition/ Cooking
- Fitness/Weight management
- Healthy Relationships
- Childcare while in services

Other

DONE STILL NEED
HELP WITH

- Obtaining State ID card
- Dependency case
- Parenting Plan through the courts
- Divorce information
- Reduce fines & fees -

In District or Superior Court (circle one)

- Telephone assistance
- Letter of support/recommendation for:

Other (please specify) _____

The team will help you with your needs and use it to select your Life Skills requirements

