

41-A DC Sobriety Court Phase 4 Requirements

Name: _____

Staff: _____

Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

_____ I will attend court once a month, in person or virtually as determined by Judge Lepore, on **WEDNESDAY at 11:00 AM.**

_____ I will follow my treatment plan.

_____ I will comply with supervision and meet **once per month** with my supervision officer on time, either in person or virtually. 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.
Testing call number: 800-494-1250 PIN: _____

_____ 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 start the Life Skills classes and attend as directed.

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

_____ I will continue employment, vocational training, or school.

_____ I will maintain participating in a pro-social activity.

_____ I will maintain my financial plan.

_____ I will address all medical needs identified.

_____ I acknowledge my curfew is at 12 a.m. unless otherwise directed by the team.

I have reviewed the requirements for Phase IV and understand my responsibilities to the treatment court program.

Client Signature

Date