

## 41-A DC Sobriety Court Phase 5 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 and develop a continuing care plan.

\_\_\_\_\_ I will comply with supervision and meet **monthly** 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 maintain my employment, vocational training, or school.

\_\_\_\_\_ I will complete my "Life Skills" program.

\_\_\_\_\_ I will complete a "Preparing to Graduate" program.

\_\_\_\_\_ I will maintain participating in a pro-social activity.

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

\_\_\_\_\_ I will fulfill all my financial obligations to the court prior to graduation.

\_\_\_\_\_ I will address all medical needs identified.

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date