



Conasauga Circuit Mental Health Court

Request to Advance in Phase

(Phase I to Phase II)

Name: _____

Staff Use Only

Cleared Not Cleared

No positive drug screens for 14 days prior to phase change.	_____	_____
No unexcused absences from treatment for 30 days prior to phase change.	_____	_____
No sanctions within 30 days prior to phase change.	_____	_____
Current on program fees.	_____	_____
Employed full time; enrolled in education or vocational training.	_____	_____
If not employed full time, working part-time/volunteering/seeking employment	_____	_____
Overall behavior is one that can serve as a good role model to new participants.	_____	_____

I am requesting a review by the treatment team to move from Phase I to Phase II on or before _____ . I have completed the following tasks as required:

- _____ I have attended all scheduled appointments with a medical professional for purposes of receiving prescription medication and monitoring the effectiveness of the medication
- _____ I have attended on a timely basis and have been engaged during all recommended activities and/or appointments with the treatment provider
- _____ I have obtained and have taken all prescribed medications
- _____ I have reported for drug and alcohol screens as required
- _____ I have attended weekly court sessions
- _____ I have adhered to a 7:00 p.m. curfew, unless otherwise directed by the Court
- _____ I have begun paying program fees and remain current on any payments on those fees, as well as any other costs established as part of the program
- _____ I have maintained acceptable living arrangements and avoided the company of persons likely to adversely impact my progress
- _____ I met with the Court Coordinator within the first week in the program to establish goals for the phase and continue to meet with the coordinator at least once a week
- _____ I have made progress on goals established in the case management and treatment plans
- _____ I have maintained, as needed, my contact information with the treatment provider and court coordinator

- _____ I have not tested positive for any prohibited substance or have any sanctions for at least two weeks before moving to the next phase
- _____ I have completed a written petition for advancement to Phase II.
- _____ I have met with my treatment provider and the Court Coordinator and obtained approval to submit this request as evidenced by their signatures

Participant/Date _____

Treatment Provider/Date _____

Program Coordinator/Date _____

On a separate sheet of paper, answer the following questions. Use white, standard size paper, single-sided only. Please use black or blue ink only or type your responses. Include the questions when answering.

It is to your advantage to provide as much detail and information as possible when answering these questions. Make sure your name is on every page and remember this is a reflection of your time in the Mental Health Court.

1. Describe how being a participant in the MHC program has benefitted you.
2. Describe what skills you have learned to date that will help you in your recovery.
3. What has been most challenging about Phase 1?
4. Describe how you see your progress in Phase 1.
5. List and explain 3 goals for yourself in the next phase.

Judge's Signature

Date

Approved: _____ Denied: _____