Veteran's Treatment Court

Request for Advancement to Phase IV

| Name | Today's Date | | |
|--|----------------------|--|--|
| Date entered Veteran's Court Program | - | | |
| Sobriety Date | Sponsor's name | | |
| List three ways that you will keep your recovery program 1. | on track | | |
| 2. | | | |
| 3. | | | |
| Make a list of warning signs that you may be headed for problems in your recovery program and what can you do when you recognize them. 1. | | | |
| 2. | | | |
| 3. | | | |
| What have you realized are your personal strengths that | you are using today? | | |

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| List three goals that you wish to accomplis 1. | h in Phase IV of Veterar | n's Court | | |
|---|--------------------------|-----------|----------|--|
| 2. | | | | |
| 3. | | | | |
| What did you like least about phase III? | | | | |
| | | | | |
| What did you like best about phase III? | | | | |
| | | | | |
| Signature | Date | | | |
| Please return this completed form to the court coordinator for consideration by the court team. | | | | |
| This section is for use by the treatment team | | | | |
| Date Reviewed | This participant was: | approved | declined | |

If declined, explain what must be achieved for advancement