



Sheboygan Area Veterans Treatment Court

RECOVERY PLAN

Veteran's Name: _____

Mentor Name: _____

Date: _____

What are your goals for the duration of your participation in Veterans Court?

- 1.

- 2.

- 3.

What do you need to do to get your goals accomplished? Please be specific

- 1.

- 2.

- 3.

When do you anticipate you will complete each goal and how will the Veterans Treatment team know that you completed each goal?

- 1.

- 2.

- 3.

What are the barriers to achieving these goals?

1.

2.

3.

What strengths do you have that you can use to overcome these barriers?

1.

2.

3.

What help do you need to achieve these goals?

1.

2.

3.

Veteran's Signature Date

Veteran Treatment Court Signature Date