



**GRAFTON COUNTY DRUG TREATMENT COURT
SENTENCING PROGRAM**

REQUEST FOR PHASE PROMOTION TO PHASE II: Clinical Stabilization

PARTICIPANT NAME: _____

CASE MANAGER: _____

LAST DRUG USE: _____

1. Are you presently in compliance with all requirements for movement to the phase II? _____

2. Why do you feel that you have earned the privilege of moving to the next phase? _____

3. Is your recovery strong enough to warrant a lesser level of treatment/Supervision? _____

4. What positive changes have you made? _____

5. What do you still need to work on? _____

I understand that participation in Phase II requires the following:

- I must remain in Phase II for 90 days
- I must be honest
- I must attend weekly drug treatment court sessions (court or educational sessions)
- I must comply with individual treatment/case plan
- I must participate in at least two self-help activities per week and provide proof thereof



- I must provide a treatment and work schedule to Supervision and Case Management
- I must comply with DTC and supervision rules
- I must meet face to face at least once weekly with my case manager (not including court or classes)
- I must allow random home visits
- I must provide random urine samples
- I must address medical needs immediately
- I must create a budget
- I must work on changing people, places & things which can impede my recovery (be patient, it's a process)
- I must begin to focus on peer support groups before advancing to the next Phase
- I must abide by an 9 PM curfew (with the exception of work, or preapproved event (proof must be provided)
- I must remain current with all monthly participation fees or speak to my case manager about alternate payment arrangements
- I must provide clean urine samples for at least 30 days prior to advancing to Phase III.

I understand that the rules of Drug Treatment Court are as follows:

- I must abstain from all controlled drugs except those legally prescribed to me.
- I must notify any treating physician that I am in recovery and cannot take narcotic medications. Any decision by the treating physician to prescribe narcotics must be reported to the DTC therapist.
- I must not consume alcohol, mind altering substances, supplements or synthetic drugs.
- I must not take any over the counter medication on the list of banned substances.
- I must submit to random urine testing at least twice per week. If I fail to submit a sample, it will be considered to be a positive test result. If I provide a sample that is found to have been diluted, it will be considered a positive test result. If the lab has confirmed the presence of an illegal drug, the court will not accept any excuse as to accidental ingestion and I will be subject to sanction.
- I must not possess or be in the presence of any firearms, destructive devices, weapons, simulated weapons or ammunition while in the DTC program.
- I must provide current phone numbers to case management, treatment and supervision and my phone must be in working order at all times.



- I must not change addresses or residences without the permission of the Drug Treatment Court Team.
- I must report any contact with law enforcement (regardless of the type of contact) to my case manager and probation officer immediately.
- I must notify law enforcement that I am a participant in Drug Treatment Court and provide the name and contact information for my case manager and probation officer is requested.
- I must not associate with people who use or possess drugs.
- I must not associate with people who are on probation/parole or are previously convicted felons, unless authorized by the Drug Treatment Court Team.
- I must not associate with anyone who is detrimental to my recovery as determined by the Drug Treatment Court.
- I cannot spend the night away from my residence without prior authorization of my case manager or probation officer.
- I cannot travel outside of New Hampshire without the permission of my probation officer.
- I must submit to searches of my person, vehicle, cell phone, social media accounts, electronics, residence or personal effects.

By signing below, I am stating that I understand the Phase Requirements for Phase II and the Rules of the Drug Treatment Court Program after reviewing them with my case manager. Further, by signing below, I agree to abide by the Rules of the Drug Treatment Court Program and understand that failure to comply with the Rules of the Program could result in sanctions, including termination from the program. If I had any questions concerning the requirements or the Rules, I was able to discuss them with my case manager and he/she answered all my questions.

Date

Participant signature

Case Manager signature



Phase Development Plan

Name:

Date:

Phase:

What were your goals for the phase that you are completing? Did you achieve those?

Do you have the following?

Diploma/GED – Yes No

PCP – Yes No

Stable Housing – Yes No

MAT – Yes No

Employment – Yes No

Mental Health Counselor – Yes No

License – Yes No

Dentist – Yes No

Do you need assistance in obtaining any of the above that you answered “no” to?

What are up to 3 specific goals that you would like to work on over the next phase?

1.

2.

3.



What steps need to be taken to achieve those goals?

1.

2.

3.

What are you currently doing for treatment?

What is working for you in treatment?

What is not working for you in treatment?

What do you need to work on in treatment?

What is working for you in the DC program?

What is not working for you in the DC program?

What can the DC team do to better assist you in achieving success in the program?



Have you submitted a medication list with your phase promotion request?

Have you paid towards your DC fees?

Signature: _____

Date: _____