

APPLICATION FOR GRADUATION
29TH JUDICIAL DISTRICT
ST. CHARLES PARISH DRUG COURT PROGRAM

Name: _____ Date Turned In: _____

Current Address: _____ Phone: _____
_____ Email: _____

You MUST meet the following minimum criteria to become candidate for commencement.
(place "X" if task completed)
If approved, you will be directed to begin preparation of transition plan, sobriety plan.

- You have been in Continuing Care for a minimum of 32 weeks.

Program entry date: _____/Phase entry date: _____

Completed _____ hours of 32 group hours; _____ hours of 16 individual hours (*office use only*)

- You have a minimum of 90 consecutive days of sobriety. Sobriety date: _____.

- You have a high school diploma, GED, or HiSet.

- Your current fee balance is: \$_____.

- You have maintained employment of a minimum of 20 hours per week/performed volunteer service of a minimum of 20 hours per week.

- Are you are actively working with a sponsor?

Home group name: _____

- You have achieved treatment plan goals.

Counselor verification signature: _____

- Are you in compliance with supervision?

Probation/Case Manager verification signature: _____

Client Signature

Date

Court Coordinator Signature to Approve Date