

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

Name: _____ **Date Turned In:** _____

Current Address: _____ **Phone:** _____
_____ **Email:** _____

You MUST meet the following criteria to Transition up: (place an "X" if task is completed)

You have been in IOP for a minimum of 8 weeks. Date contracted into program: _____

Completed _____ hours of 96 group hours; _____ hours of 8 individual hours (*office use only*)

You have a minimum of 30 consecutive days of sobriety, including dilutes and failures to appear for drug testing. What is your sobriety date: _____

You are engaged in treatment and are attending regularly.

Counselor/Case Manager verification signature: _____

Are you in compliance with supervision?

Probation/Case Manager verification signature: _____

Identify 3 of your biggest struggles in IOP:

- _____
- _____
- _____

Identify 3 personal goals you would like to accomplish while in Application:

- _____
- _____
- _____

Client Signature

Date

Court Coordinator Signature to Approve Date