

**APPLICATION FOR TRANSITION – CONTINUING CARE**  
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 Application for a minimum of 12 weeks. Date entered level: \_\_\_\_\_

Completed \_\_\_\_\_ hours of 72 group hours; \_\_\_\_\_ hours of 12 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 Application:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court Coordinator Signature to Approve Date