



Application to Phase 3 (CWC/BIC)

Name: _____

Date Entered Phase 2: _____

Current Address: _____

Phone: _____

Initial next to all that apply:

_____ I have been in Phase 2 for a minimum of 90 days

_____ I am engaged in treatment with my substance use/mental health provider by:

- 1. Following my treatment plan.
- 2. Submitting to random drug testing as required by my treatment provider.
- 3. Attending my treatment appointments regularly.

_____ I am currently residing in a safe environment and will inform my team if that changes.

List one person from your treatment team you could reach out to if you are struggling:

Name:

List one short-term SMART goal you have set for yourself during this phase:

1.) _____

Treatment Provider verification signature:

Print: _____ Sign: _____ Date: _____

_____ I am in compliance with supervision and am following my case plan as required.

Probation Officer verification signature:

Print: _____ Sign: _____ Date: _____

LSCMI Score: _____

Participant Signature _____ Date: _____ Program Coordinator _____ Date: _____

*Treatment Provider: Please complete form with participant and email to PO
PO: Please email completed form to Defense Attorney, DA, and Program Coordinator.
Application will be staffed at next hearing.*