

APPLICANTS NAME _____ DATE RECEIVED _____



Hon. Susan B. Jordan

GRADUATION APPLICATION

**COMPLETE ALL OF THE QUESTIONS INCLUDING SPONSOR/MENTOR
REPORT AND RETURN TO THE ADULT TREATMENT COURT OFFICE.**

Jackson County Adult Treatment Court Application for Graduation

Name _____ Date _____

When did you start the program? _____

When was the last time you used alcohol or illegal drugs? _____

How many times have you used alcohol or illegal drugs while in the
program? _____

What was your drug(s) of choice? _____

What have you learned from participating in the Jackson County Adult
Treatment Court program?

Why do you believe you should graduate from the Jackson County Adult
Treatment Court Program at this time?

What treatment program(s) did you attend? _____

Who was your therapist? _____

Did you complete the treatment program(s)? _____ If no, why not? _____

List three things that you learned from the treatment program that you can use to keep yourself sober.

Did you attend any treatment programs or meeting with other organization which were not required by the Jackson County Adult Treatment Court that you found helpful in your recovery? Yes No **If yes, please list them**

How often are you attending recovery support meetings? _____

Where did you attend most of your meetings, and why at that location?

How did you get to the meetings? _____

What have you learned from these meetings and how are you using it to remain sober?

If applicable, what was the last coin that you earned? _____

When did you earn it? _____

What was your least favorite meeting location that you attended and why?

Are you currently employed? Yes No Not in labor force

If yes, full or part-time? Yes No

What is your current education level?

- | | |
|---|---|
| <input type="checkbox"/> No high school diploma or GED | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Advanced Degree |
| <input type="checkbox"/> Currently attending school/college | |

What is your current living situation?

- Independent Dependent Homeless

Do you currently live in Andy's Place Apartments? Yes No

If no, have you ever previously resided at Andy's Place Apartments? Yes

No

Did you regain your driver's license while in the ATC program?

Yes No

If yes, Full driving privileges Restricted driving privileges

Are you interested in becoming a sponsor/mentor for future Treatment Court Participants? Yes No

Would you be interested in volunteering to assist with Treatment Court activities? Yes No

Participant Signature _____ Date _____

SPONSOR/MENTOR REPORT

**For consideration of your request, it is mandatory for this form to be completed
Please have your sponsor complete this form before returning it to the Treatment
Court.**

Participant Name: _____

Sponsor/Mentor Name: _____

General Progress: Excellent Good Fair Poor

Frequency of contact: _____ times per week (total number of contacts)

Comments regarding participant's progress:

Sponsor Signature: _____

Your request to graduate from the Jackson County Adult Treatment Court program has been **reviewed and granted**. Graduation shall take place on

Treatment Court Staff

Your request to graduate from the Treatment Court Program **has been denied**. Further improvements must be made in the following area(s) before the request will be approved.

Treatment Court Staff
