

Phase 1 Requirements



NADCP
National Association of
Drug Court Professionals

Name: _____

Staff: _____ Date Reviewed: _____

Review each requirement with staff and initial you understand the expectation

____ I will attend court every week at: _____.

____ I will follow my treatment plan.

____ I will comply with supervision and meet weekly with my supervision officer on time. I will notify my supervision officer of any conflicts at least one hour prior to my appointment in case of an emergency.

____ I will allow law enforcement and/or supervision officers associated to the treatment court program into my residence for home visits.

____ I will submit to random urine analysis testing as determined by the treatment court team. UA testing call number: _____ Color: _____

____ I will reside in a safe environment that supports my recovery. I will keep my supervision officer informed if my residency changes.

____ I will obtain a medical assessment as directed by my treatment team.

____ I acknowledge my curfew is at 9 p.m.

I have reviewed the requirements for phase 1 and understand my responsibilities to the treatment court program.

Client Signature

Date