

Monday,  
August 24th, 2020  
at 12PM

# TREATMENT COURT STEERING COMMITTEE

A SUBCOMMITTEE OF THE CRIMINAL JUSTICE  
COLLABORATING COUNCIL COMMITTEE

Door County  
Government  
Center  
Chambers Room  
(C102), 1st floor  
421 Nebraska Street,  
Sturgeon Bay, WI

## AGENDA:

1. Call Meeting to Order
2. Roll Call
3. Adopt Agenda
4. Approve Minutes from last Meeting:  
August 17, 2020 Treatment Court Steering Committee
5. New Business:
  - a. Treatment Court program updates
  - b. Review of Treatment Court Participant Handbook
  - c. Review Treatment Court Participant Contract
  - d. Review of Phase Packets and Phase Up Applications
  - e. Review Confidentiality Ex-Parte Form
6. Matters to be placed on a future agenda or to be referred to a Committee, Official or Employee
7. Next Meeting Set for Monday, August 31, 2020
8. Adjourn

In light of the declared state of emergency and to mitigate the impact of COVID-19 this meeting will be conducted by teleconference or video conference. Members of the public may join the meeting remotely or in-person in the Peninsula Room (C121) 1<sup>st</sup> Floor Government Center (please note public in-person has limited capacity and is on a first come, first served basis).

**To attend the meeting via computer:**

**Go to:**

<https://doorcounty.webex.com/doorcounty/onstage/g.php?MTID=e9ed82a97a29b5aac0b4219bd00739d1a>

Event password: Aug24tcs2020

**To connect via phone:**

Call: 146 057 3896

*Deviation from the order shown may occur*

*In compliance with Disabilities Act, any person needing assistance to participate in this meeting, should contact the Office of County Clerk at 920-746-2200. Notification 48 hours prior to a meeting will enable the County to make reasonable arrangements to ensure accessibility to that meeting.*

AGENDA Posted: \_\_\_\_\_, 2020 by \_\_\_\_\_

**Door County Treatment Court Steering Committee Minutes**  
(A Subcommittee of the Criminal Justice Collaborating Council Committee)

**Meeting held Monday, August 17, 2020**  
Government Building - Chambers Room (C102), 1st floor  
421 Nebraska Street, Sturgeon Bay, WI

*Note: These minutes are subject to review and approval of the Treatment Court Steering Committee*

1. **Kelsey Christensen called the meeting to order at 12 p.m.**
2. **Present:** Judge David L. Weber, Colleen Nordin, Joe Krebsbach, Donna Altepeter, Stephen Seyfer, and Kelsey Christensen.
3. **Adopt Agenda for this meeting:** Motion by J. Krebsbach, second by Judge Weber to adopt the agenda. Motion carried by unanimous voice vote.
4. **Approve Minutes from Last meeting: July 27, 2020**  
Motion by Judge Weber, second by J. Krebsbach to approve minutes. Motion carried by unanimous voice vote.
5. **New Business:**
  - a. **TAD grant 2021 Update:**  
2021 TAD grant for Treatment Court is open. Grant is non-competitive. Kelsey to work on the Project Design Table and Joe and Kelsey to complete the 2021 budget. Plan to bring documents to committee by end of August. Judge completed the CJCC support letter.
  - b. **Treatment Court program updates:**  
During the standards training held on August 6th, A. Nieman offered to conduct a Motivational Interviewing training. Committee expressed interest in moving forward with that training. K. Christensen and A. Nieman to set up that training.
  - c. **Review of updated Treatment Court Implementation Timeline:**  
Committee reviewed and approved purposed timeline.
  - d. **Review of Treatment Court Participant Handbook:**  
Committee completed updates in the participant handbook to be reviewed and approved at next meeting, August 24th. Updated handbook to be attached in August 24th agenda packet.
  - e. **Review of Phase Packets and Phase Up Applications**  
Due to time constraints, committee did not get to this during this meeting.
6. **Matters to be placed on future agenda:** Participant Contract, Phase Packets, and Phase Up Applications.
7. **Next Meeting Date:** Set next meeting for August 24, 2020 at 12pm.
8. **Adjourn:** Motion by Judge Weber, second by J. Krebsbach to adjourn. Motion carried by unanimous voice vote. Meeting adjourned at 1:10 p.m.

Respectfully submitted by,  
Kelsey Christensen  
Court Services Coordinator



# **DOOR COUNTY ADULT TREATMENT COURT**

*INTRODUCTION TO THE TREATMENT COURT PROGRAM*

**Property of:**

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**If found please return to:**  
Court Services Coordinator  
Door County Sheriff's Office  
1201 S. Duluth Ave, Door County, WI 54235  
(920) 746-5669

**This handbook was created by the  
Door County Treatment Court Team**

**UPDATED 8/17/2020**

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# WELCOME TO THE DOOR COUNTY TREATMENT COURT PROGRAM

This handbook is designed to answer questions, address concerns, and provide overall information about the Treatment Court Program. As a participant, you will be expected to follow the instructions given by the judge in Treatment Court and comply with the treatment plan developed for you by the Treatment Court Team. This handbook will detail what is expected of you as a Treatment Court participant and review general program information. All participants are encouraged to share this handbook with family and friends.

## **TREATMENT COURT PROGRAM OVERVIEW**

Door County Treatment Court is a treatment-based alternative to jail, prison, and the standard probation model. The justice system works cooperatively with the Department of Human Services and other services to provide each participant with all the possible tools needed to get into recovery, stay in recovery, and lead a productive, crime-free life. The key components of the Door County Treatment Court Program include:

- **Immediate intervention.** The sooner a person is placed in treatment following a crisis, the more successful the outcome. In Treatment Court, an individual can move from referral or other court action to Treatment Court and treatment in as little as two weeks. More common adjudication processes typically take several months.
- **Voluntary entry.** Participants who decide to enter and voluntarily commit to a program are more likely to succeed.
- **Sanctions and rewards.** Participant accountability is an important piece to recovery and continues success. Incentives for participants include court appearances, gift certificates, recognition of success, graduation to the next phase of the program, and much more. A system of graduated sanctions may include reduced privileges, community service, and increased UA tests.
- **Rule of 40.** Participants are expected to demonstrate 40 hours of productive activity each week. A form which appears similar to a Time Card is provided each week to the participants. The participants need to fill the form out accounting for how they spend their days. It is expected that each participant attends 2 recovery focused meetings a week, has employment or is seeking employment, is engaged in community service, or attending school.
- **Program Phases.** The Treatment Court Program is divided into 6 phases in order to provide short-term goals for the participants to meet. Short-term goals are developed for individuals to have a better chance of success. Participants meet regularly with the Treatment Court judge to review their progress and address positive/negative behaviors. As the participant successfully completes a phase, he/she is rewarded by continuing in a less intensive program.
- **Graduation.** The graduation portion of the Treatment Court is the final phase of the program, designating the end of the intensive program and the beginning of the continuing care phase.
- **Continuing Care.** The optional continuing care phase is designed for the participant to continue in their recovery with continued contact with the Treatment Court Team.

## TIPS ON HOW TO SUCCEED

1. BE HONEST. HONESTY IS ESSENTIAL TO TREATMENT COURT.
2. Keep all your appointments and make all court appearances. Keeping appointments is as important as coming to court.
3. You will be busy with appointments and court dates, so put all of your appointments in the calendar that has been provided to you. You must bring your calendar to all meetings and court appearances. Utilize your cell phone alarm clock or the alarm clock provided to you. Excuses are not tolerated.
4. Plan your schedule (work, school, treatment) in advance.
5. Know your treatment schedule.
6. If you absolutely cannot make an appointment, **CALL BEFORE**, not after.
7. Plan ahead. If transportation is a problem, have back-up plan to get to where you have to be. Failure to have adequate transportation is not an excuse.
8. Keep all of your paperwork. Do not throw anything away.

### IMPORTANT PHONE NUMBERS:

Court Services Coordinator: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_

Support persons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment/vocational support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SOME DEFINITIONS

**Assessment:** To gather information about your drug and alcohol use and lifestyle to find the best treatment for you.

**Court Services Coordinator:** The person who monitors your progress during the program to make sure that all Treatment Court requirements are satisfied.

**Confidentiality:** The requirement not to discuss specific names and personal information learned during treatment and court sessions with anyone outside of the treatment group or court.

**Counselor:** The person who provides you treatment services, in group and individual sessions, and gathers information about your efforts.

**Defense Attorney/Public Defender:** A Treatment Court Team member that ensures your constitutional rights are protected and generally advocates for your stated legal interest. This person does not represent you on your case, but may represent you if you have a termination hearing.

**District Attorney/Prosecutor:** The person who represents the State of Wisconsin in criminal proceedings and advocates on behalf of public safety, victim interests, and holding you accountable for meeting your obligations in the program.

**Treatment Court Judge:**

The Circuit Court Judge who presides over all court appearances and who administers sanctions and incentives based on your progress.

**Treatment Court Team:** The group of professionals, including the judge, coordinator, counselor, public defender, district attorney, probation officer, law enforcement representative, recovery representative, and employment representative, that provide both legal and treatment oversight of your case.

**Drug Testing:** You will receive randomized notifications informing you to go the Door County Jail and submit to a breathalyzer and urine drug screen. Any failures to test or diluted drug tests are considered positive drug tests by the Treatment Court team. Tests happen a minimum of 2 times per week throughout your entire program.

**Incentives:** The rewards the Treatment Court judge gives you for following the program rules.

**Sanctions:** The negative responses the Treatment Court judge uses when you do not follow program rules as directed.

**Treatment Court Team Staffing:** At the Treatment Court Team Staffing your progress will be reviewed and decisions regarding the use of an incentive or sanction will be made. The individuals involved in the staffing are all members of the Treatment Court Team.

**Support Groups:** A group that provides support and an opportunity for personal growth in your new drug-free lifestyle. Examples include Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery.

**Treatment:** Counseling that you will attend during your entire time in the program. This may include residential treatment, intensive outpatient substance use counseling, standard outpatient substance abuse treatment, relapse prevention, individual counseling, group therapy, mental health treatment, cognitive therapy, aftercare treatment or any other counseling that may be appropriate for you.

**Court Programing:** Anger management, domestic violence counseling, Moral Recognition Therapy, financial counseling, parenting classes, or any other programming that may be appropriate for you.

**Excused Absences:** Excused absences from any of your Treatment Court programming must receive prior approval a minimum of 24 hours in advance from the coordinator, therapist, probation agent, and/or the Treatment Court Judge. In the event of any unexcused absence, you must contact the coordinator immediately. Unexcused absences may result in a sanction.

**Fish Bowl:** Each participant has the opportunity to write their name on a slip of paper to be placed in a fish bowl for each court appearance. You may receive additional entries for good behavior as determined by the Treatment Court Team. At the end of each court session, one entry is drawn from the fish bowl to win a gift certificate.

## INCENTIVES AND SANCTIONS

### INCENTIVES MAY INCLUDE, BUT ARE NOT LIMITED TO:

- Positive feedback/praise from the Judge, treatment court team member, or family member
- Applause in Court
- Special acknowledgement for maintaining sobriety & other accomplishments
- Increased privileges
- Lowered reporting standards with the Coordinator and Probation Agent
- Before and after pictures
- Sobriety tokens
- Certificates of accomplishment
- Phone cards
- Ride vouchers
- Graduation ceremony
- Gift Certificates
- Movie passes
- Hair cuts
- Fish Bowl drawings for appearance and extra slips

**SANCTIONS MAY INCLUDE BUT ARE NOT LIMITED TO:**

- Verbal warning
- Letter of apology
- Limitation or decrease in privileges
- Reading, writing or other assignment
- Journaling
- Peer review
- Behavior contract
- Community service hours
- Take away driving privileges
- Electronic Monitoring (EMP)
- Increased reporting to court and/or coordinator/probation agent
- Increased drug or alcohol testing
- Extension of current phase
- Disciplinary custody
- Imposition of Jail Time
- Termination from the program

## TREATMENT COURT TEAM

The Treatment Court judge serves as a lead partner in the Treatment Court Team and presides over all team staffing's and all court sessions. The judge and other team members make all decisions regarding your participation in the Treatment Court program based upon information from the various team members, providers, and other support services. In addition to the Judge, the team is made up of:

- A Court Services Coordinator
- A Probation and Parole Agent
- A representative from the District Attorney's Office
- A representative from the Public Defender's Office/Defense Attorney
- Treatment Personnel
- An Evaluator
- A representative from Law Enforcement
- A representative from the employment community
- A representative from the recovery community

## TREATMENT COURT HEARINGS

Treatment Court is held in Branch 2 on Mondays from 1pm to approximately 2pm. As a participant in this program, you are required to appear in the Treatment Court hearings on a regular basis. **Missing a Treatment Court Hearing may result in a warrant being issued for your arrest.** Prior to each court session, the team meets at a staffing to review your case and your progress report. This report will discuss your drug testing results, attendance, participation and cooperation with treatment, and compliance with the Treatment Court Rules.

During your court appearance, the judge may ask you questions about your progress and discuss any problems you may be experiencing. You must speak directly with the Treatment Court judge concerning your progress. You are responsible for your own behavior. Please be on time and remain seated and quiet while the court is in session. **Cell phones must be off during court sessions.** Continued non-compliance will result in sanctions.

**Any participant appearing at Treatment Court must be dressed in appropriate courtroom attire.** The Treatment Court Team will counsel participants who do not dress appropriately.

## ELIGIBILITY STANDARDS

The court services coordinator and probation agent will interview each potential candidate referred for possible participation in the program. The proposed participant will participate in any assessments requested by staff, treatment providers, or others involved in the screening process. The court services coordinator and probation agent will make recommendations to the Treatment Court team, who will either admit or deny the application. The Treatment Court participant must voluntarily agree to abide by the Treatment Court Program rules.

Potential candidates meeting the following criteria will be considered for admission to the Door County Treatment Court Program:

- Must be a resident of Door County and remain a resident throughout their Treatment Court programing
- Have a moderate to severe substance use disorder diagnosis and need for treatment
- Substance use cannot be limited to alcohol
- 17 years or older
- Must score medium to high risk on the COMPAS assessment for general recidivism and high criminogenic needs.
- Current felony drug offense or drug-related property offense (e.g. felony theft, forgery)
- Cannot have an offense or history of an offense that would identify them as an enterprise drug trafficker
- Non-violent crime with no history of violence
- Proposed participant has no existing warrants or pending charges.

## TREATMENT COURT SUPERVISION

As a Treatment Court participant, you are required to appear in Treatment Court on a regular basis. At each appearance, the judge is given a progress report prepared by your treatment team regarding your drug test results, attendance, and participation in treatment. The judge may ask you questions about your progress and discuss and specific problems you have been experiencing. If you are doing well, you will be encouraged to continue with the program and work with your treatment team toward graduation. If you are not doing well, the judge will hold a discussion with you and the Treatment Court Team to determine further action. If you commit program violations (i.e. missed or altered UA tests, failure to attend individual or group counseling, failure to attend treatment groups), the court will impose sanctions. With repeated violations of program expectations or a failure to progress satisfactorily, the court may impose the ultimate sanction of discharge from the program. Failure to appear in court on the date and time you are scheduled could result in a warrant being issued for your arrest and you will be placed in custody.

## PROGRAM RULES

As a Treatment Court participant, you will be required to abide by the following rules:

1. **Always be honest.** The Door County Treatment Court was established to combine AODA treatment with a criminal justice approach to give you the best opportunity to change. However, this will take your best effort and truthfulness on your part.
2. **Do not use or possess any alcohol or other drugs.** Sobriety is the primary focus of the Treatment Court Program. Maintaining a drug free lifestyle is the most important aspect of your Treatment program.
3. **Attend all ordered treatment sessions.** This includes individual and group counseling, education sessions and recovery groups. If you are unable to attend a scheduled session, you must contact the treatment provider AND court services coordinator. Missed sessions may result in a program sanction.
4. **Report to your probation agent and court services coordinator as directed.** If you have any problems making an appointment, contact your probation agent and court services coordinator immediately. Some meetings with your probation agent will be conducted in your home. Missed appointments may result in a program sanction.
5. **Be on time.** You are expected to be on time for court, your treatment sessions, and meetings with your agent and court services coordinator. Contact your treatment provider, probation agent, and court services coordinator immediately if there is a possibility that you may be late. If you are late you may not be allowed to attend your meeting or counseling session. Tardiness may also result in a program sanction.
6. **Do not make threats toward other participants and staff, or behave in a violent manner.**
7. **Act and dress appropriately for court and treatment sessions.** Act appropriately when in the courtroom. You are expected to respect the judge and all Treatment Court personnel. Speak with your Treatment Court Team if you need assistance with clothing selection.
8. **Avoid any premises where the primary purpose of the business is the sale of alcohol, unless receiving court approval related directly to employment.**
9. **Attend all court sessions as ordered.**
10. **Maintain your residence in Door County throughout the length of the program.**

11. **Follow the treatment plan as directed by the Treatment Court Team.**
12. **Do not violate the law.** Obey all laws, including traffic laws. Do NOT drive a vehicle if you do not possess a valid driver's license. If you engage in any criminal act, you can expect termination from the program and prosecution for the pending charges.
13. **Tell your probation agent and court services coordinator within 48 hours if you move or change your telephone number or disconnect your telephone.**
14. **Tell your probation agent and court services coordinator within 48 hours if you change your employment.**
15. **Prior to traveling you must obtain permission from the Treatment Court Team.** You are required to fill out a Relapse Prevention Plan prior to all travel to be approved by the Treatment Court Team.
16. **Submit randomized alcohol and drug testing upon request.**
17. **Pay for required Treatment Court programming and services.** This includes court fines and fees, treatment cost as determined by the treatment provider, supervision fees as determined by DOC policies and procedures, and restitution where applicable.
18. **Understand that you may not opt out of the Treatment Court Program.** While admission to the Treatment Court is voluntary, once enrolled, participants cannot leave the program unless they graduate or are terminated.

## ALCOHOL AND DRUG TESTING

Door County Treatment Court participation requires random drug and alcohol testing to determine compliance with the rules of the Treatment Court Program. Tests are random and occur a minimum of two times per week throughout the participant's entire program. In keeping with best standards, testing is done at the Door County Jail and observed by trained jail deputies.

Positive tests can be challenged for verification and confirmation at the participant's request. You will be required to pay for this additional cost if the test returns as a confirmed positive. You are notified of the time frame in which you are to report for testing that day through text messages. Probation agents and treatment providers may also provide drug and/or alcohol screening as necessary per DOC policies and procedures. You may also be required to utilize monitoring devices where necessary. Use of monitoring devices will be based on alcohol and drug use history.

## PROCESS FOR TERMINATION

The Door County Treatment Court shall make termination decisions in accordance with best practice standards. Such decisions may result from a public safety concern, repeated non-compliance with program requirements, or an inability of the Courts to provide the necessary treatment needs of the participant. Treatment Court participants may be terminated for commission of a violent crime, absconding from the program for more than four weeks, evidence a participant is dealing drugs, evidence a participant has been involved in threatening, abusive or violent verbal/ physical behavior towards anyone, or any other grounds seen fit from the Treatment Court Team.

Any Door County Treatment Court Team member may make an oral motion to begin the termination process. Once the oral motion has been made, the Treatment Court Team meets with the participant to gather further information prior of voting or beginning the motion for termination.

At the formal motion for termination, the team agrees on the recommendation and appropriateness for termination. Termination proceedings may only begin if a majority of the team members consent in favor of termination. Following the consent in in favor of termination, a written motion to terminate is filed with the Treatment Court Judge by the District Attorney's Office. In most cases, a hearing is conducted to ensure the participant's due process rights are protected.

A participant may choose to not contest termination. If the participant waives the right to be heard, the judge shall sign an Order Granting Motion to Terminate and transfer the case to Branch One Circuit Court without further proceedings.

## PHASE STRUCTURE

The Door County Treatment Court Program will consist of five phases followed by an optional Continuing Care Phase. Participants will be asked to complete an application for phase advancement for each phase. The Treatment Court Team will review the application and determine if a promotion to the next phase is appropriate.

Each of the five phases have requirements necessary to complete prior to advancing to the next phase. In addition to the individualized phase requirements, the following are requirements expected of participants during each phase:

- Remain honest with Treatment Court Team members and service providers
- Maintain strict compliance with random alcohol and drug testing at least twice a week throughout the entirety of the Treatment Court
- Participant and be engaged in recommended treatment plans, as determined by the treatment provider
- Adhere to random home and employment visits as determined by DOC policies and procedures
- Complete Rule of 40 sheet weekly
- Participate and complete Moral Recognition Therapy (MRT)
- Establish and maintain a payment plan for all assessed fees including fees related to treatment, probation, court fines and restitution, if any was ordered

## PHASE ONE

### CHANCE: Acute Stabilization

*The minimum requirements for the successful completion of Phase One are as follows:*

<b>Length of phase:</b>	A minimum of 60 days
<b>Requirements:</b>	<ul style="list-style-type: none"><li>• Attend Treatment Court weekly</li><li>• Meet weekly face-to-face with Treatment Court Coordinator and Probation Agent</li><li>• Create a case plan with probation agent to address people, places and things.</li><li>• Engage with treatment</li><li>• Address housing issues, if needed</li><li>• Obtain medical assessment, if needed</li><li>• Attain of health insurance if lack health insurance</li><li>• Maintain total abstinence for a minimum of 14 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li></ul> <p>Phase 2 Application must be submitted to the court services coordinator for phase advancement.</p>

## PHASE TWO

### CHALLENGE: Clinical Stabilization

*The minimum requirements for the successful completion of Phase Two include all of the following requirements:*

<b>Length of phase:</b>	A minimum of 90 days
<b>Requirements:</b>	<ul style="list-style-type: none"><li>• Attend Treatment Court weekly</li><li>• Meet weekly face-to-face with Treatment Court Coordinator and Probation Agent</li><li>• Review case plan with Probation agent</li><li>• Continue to address people, places and things</li><li>• Continue addressing medical needs</li><li>• Identify other needs</li><li>• Enroll in recommended We Are Hope, Inc. program, if needed</li><li>• Attend a minimum of 1 support group meeting per week</li><li>• Develop housing plan to obtain or maintain housing</li><li>• Maintain total abstinence for a minimum of 30 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li></ul> <p>Phase 3 Application must be submitted to the court services coordinator for phase advancement.</p>

## PHASE THREE

### CHOICE: Pro-Social Habilitation

*The minimum requirements for the successful completion of Phase Three include all of the following requirements:*

<b>Length of phase:</b>	A minimum of 90 days
<b>Requirements:</b>	<ul style="list-style-type: none"><li>• Attend Treatment Court bi-weekly, unless the team determines more court support is appropriate</li><li>• Meet bi-weekly face-to-face with court services coordinator and probation agent, or as directed by court services coordinator and probation agent</li><li>• Review Case Plan with probation agent and establish prosocial activities</li><li>• Maintain stable housing</li><li>• Demonstrate healthy people, places and things</li><li>• Attend a minimum of 2 support group meetings per week</li><li>• Develop Relapse Prevention Plan</li><li>• Must be employed or in some vocational or educational program</li><li>• Maintain total abstinence for a minimum of 45 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li></ul> <p>Phase 4 Application must be submitted to the court services coordinator for phase advancement.</p>

## PHASE FOUR

### CHANGE: Adaptive Habilitation

*The minimum requirements for the successful completion of Phase Four include all the following requirements:*

<b>Length of phase:</b>	A minimum of 90 days
<b>Requirements:</b>	<ul style="list-style-type: none"><li>• Attend Treatment Court monthly, unless the team determines more court support is appropriate</li><li>• Meet twice per month face-to-face with court services coordinator and probation agent, or as directed by court services coordinator and probation agent</li><li>• Completion of MRT- Criminal Thinking group</li><li>• Attend a minimum of 2 support group meetings per week</li><li>• Must be employed or in some vocational or educational program</li><li>• Participate in prosocial activities</li><li>• Maintain stable housing</li><li>• Maintain total abstinence for a minimum of 60 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li></ul> <p>Phase 5 Application must be submitted to the court services coordinator for phase advancement.</p>

## PHASE FIVE

### CARE: Maintenance

*The minimum requirements for the successful completion of Phase Five include all of the following requirements:*

<b>Length of phase:</b>	A minimum of 90 days
<b>Requirements:</b>	<ul style="list-style-type: none"><li>• Attend Treatment Court monthly, unless the team determines more court support is appropriate</li><li>• Meet once per month face-to-face with court services coordinator and probation agent, or as directed by court services coordinator and probation agent</li><li>• Develop a continuation care plan with AODA treatment provider</li><li>• Attend a minimum of 1 support group meeting per week</li><li>• Provide support person signatures weekly</li><li>• Maintain gainful, consistent employment or be involved in vocational or educational program.</li><li>• Show ability to remain committed participation in prosocial activities</li><li>• Be able to show improved stable living arrangements and healthy interpersonal relationships as determined by the Treatment Court Team</li><li>• Demonstrate an achieved understanding of personal challenges with substance use and criminal behavior.</li><li>• Maintain total abstinence for a minimum of 90 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li></ul> <p>Graduation Application must be submitted to the court services coordinator for graduation consideration.</p>

## GRADUATION

~~The Court Services Coordinator will nominate you for graduation~~ You can apply for graduation once you have shown successful participation in all five phases, completed all community service hours, and are continuing to successfully and consistently make payments towards your payment plan of all assessed fees. You must complete a graduation application no more than 30 days prior to anticipated Treatment Court completion date.

The court services coordinator will verify that you have met all requirements prior to graduation consideration from the Treatment Court Team.

Once the Treatment Court Team has received your application, you will be scheduled to meet with the Team to review your application and Treatment Court progress. If the Team determines that you have successfully met your obligations to the Treatment Court, the team will declare you a graduate of the Treatment Court. You will be asked to present on your graduation application during court prior to the Treatment Court team declaring you a graduate of the Treatment Court.

Each graduate then participates in a graduation ceremony honoring the completion of all established graduates. The court service coordinator notifies you of the graduation ceremony date and time. Graduation ceremonies are held to celebrate each graduate's dedication and completion of program requirements. You are presented with a certificate and letter of completion by the Treatment Court Team. Upon graduation, you have the option to continue in the Continuing Care Phase of the program.

### CONTINUING CARE PHASE (OPTIONAL)

The purpose of the phase is to assist you during the transition period as you continue to develop healthy practices to maintain long-term sobriety if you choose to participate. In this phase, you agree to keep the following commitments

<b>Length of phase:</b>	The duration of your remaining time on probation and for a maximum of six months
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Maintain complete sobriety from drugs and alcohol</li> <li>• Meet at least once per month with the treatment provider, or as recommended by provider</li> <li>• Attend at least one recovery meeting each week</li> <li>• Meet with the probation agent as directed by the agent</li> <li>• Maintain stable housing</li> <li>• Maintain a weekly work/school schedule</li> <li>• Meet with the court services coordinator once per month</li> <li>• Complete no more than one UA per month (optional)</li> </ul>

## FORMS

# TREATMENT COURT “RULE OF 40” EXPECTATIONS



As part of the Treatment Court program, participants are required to follow the “Rule of 40”. This consists of each participant providing verification of 40 hours of productive activity in the past week. This verification will be submitted to the court services coordinator on a weekly basis. Rule of 40 tracking sheets will be provided to participants.

*\*If participants do not have tracking sheets, it is their responsibility to develop one or request one from the coordinator.*

### The following will meet criteria for the “Rule of 40”:

**Education** (structured time in class or time engaged in classwork)

**Treatment** (*Actual hours spent in treatment*)

**Exercise** (*No more than 1 hour per day will be counted*)

**Community Service** (*Actual hours worked with verification of hours sheet completed*)

**Job Search** (*Must submit printed application or have job search site sheet. Each application will be approved for 1 hour of credit*)

**Work** (*actual hours worked*)

**Recovery focused meetings** (*i.e. AA, NA, SMART, , etc.*) (*Actual time spent IN meeting. Each meeting will be approved for 1 hour of credit*)

**Treatment Court Attendance** (*Each appearance will be approved for a minimum of 2 hours*)

**Drug Testing** (*Each will be approved for 1 hour*)

**Time spent meeting/speaking with support person** (*support person **must** verify by signing sheet*)

**Program Homework**

**Meditation/Relaxation/Journaling/Reading** (*Approved 1 hour per day*)

**Appointments with coordinator and probation officer** (*Approved for .5 hours*)

**Food Pantry/Community Assistance** (*Approved for a Maximum of 2 hours per visit*)

**Medical Appointments/Legal obligations**

**Church or faith-based service**

**Church/Faith-Based/Community group or meeting** (***(non-AODA related)** (Actual time spent IN activity)*)

**Cleaning** (*Approved for 1 hours per day*)

**Cooking** (*Approved for 1 hours per day. Cooking and eating the home-cooked family meal together will count for an hour*)

**Learning an instrument or trade**

**Positive family engagement –where applicable** (*i.e. reading a book to your child, family chores and/or non-screen time activities together, attending positive family activity etc.*)

**Any other approved activity by the Treatment Court Team**

### **What is not approved?**

Shopping, errands, going out to eat, etc. If it seems to have consumed majority of your day, your hours will be cut. Use your discretion, if it is recovery focused and you are still not sure, ASK!

***Sheets must be turned to court services coordinator on Thursday of every week.***

**You must attend 1-2 support meetings each week depending on your phase requirements. If you are missing a meeting, you are expected to make it up by your next court appearance.** (i.e. you only attended 1 one week, but your phase requires you to attend 2 per week, you must present with 3 attended the following week.)

**If you are in jail, you are expected to participate in eligible programming each week and provide verification of hours participated.**

DRAFT



# RULE OF 40 WORKSHEET

Day	Activity Description	Time Completed	Total Hours
Wednesday __/__/__	_____ _____ _____	_____ _____ _____	
Thursday __/__/__	_____ _____ _____	_____ _____ _____	
Friday __/__/__	_____ _____ _____	_____ _____ _____	
Saturday __/__/__	_____ _____ _____	_____ _____ _____	
Sunday __/__/__	_____ _____ _____	_____ _____ _____	
Monday __/__/__	_____ _____ _____	_____ _____ _____	
Tuesday __/__/__	_____ _____ _____	_____ _____ _____	
		<b>Total Hours =</b>	

Court Services Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other positive things I did to maintain a drug/alcohol free lifestyle:

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Describe one positive thing that has happened this week:

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**Meeting Log:**

DAY	DATE	TIME/LOCATION OF SUPPORT MEETING	TOPIC	SIGNATURE
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				

**Support Person Log:**

SUPPORT PERSON NAME	DATES AND TYPE OF CONTACT	PHONE	SIGNATURE

**Therapist Log:**

DAY	DATE	TYPE OF THERAPY	SIGNATURE
THURSDAY			
FRIDAY			
MONDAY			
TUESDAY			
WEDNESDAY			

Supervision Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DOOR COUNTY TREATMENT COURT PARTICIPANT CONTRACT

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1.  I, \_\_\_\_\_ with a birth date of \_\_\_\_\_ and an address of \_\_\_\_\_ have entered a guilty or no contest plea in case number \_\_\_\_\_ ; violation of \_\_\_\_\_

I understand that by entering into this Treatment Court contract, I am bound by the terms of my sentence as follows:

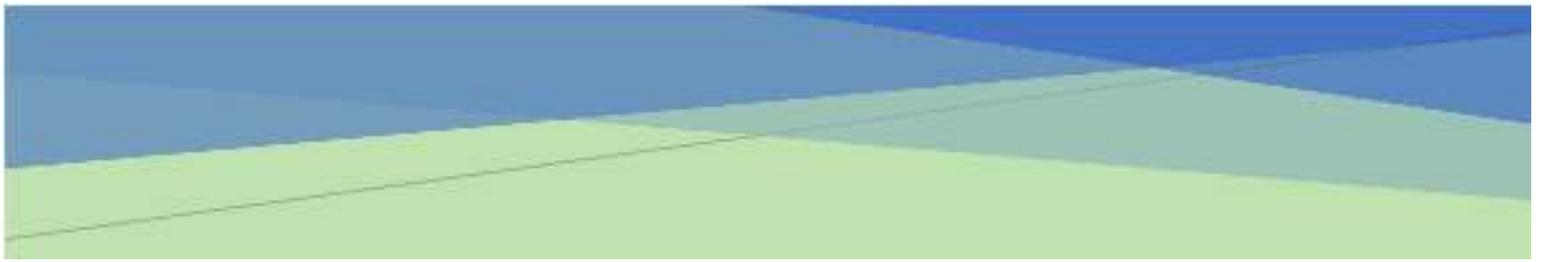
2.  I understand that the validity of this contract is conditioned upon my eligibility for the Treatment Court Program. If at any time after the execution of this agreement and in any phase of the Treatment Court Program that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and revocation or sentencing proceedings, as the case may be, would be resumed. I will not be allowed to withdraw my previously entered plea of guilty or no contest unless my ineligibility is based on facts or information that should have been known to the prosecutor prior to Treatment Court admission or upon Constitutional grounds.
3.  I understand that participation in Treatment Court involves a minimum time commitment of 14 months and may include an optional aftercare component consisting of up to an additional 6 months.
4. I understand that during the entire course of the Treatment Court Program, I will be required to attend court sessions, treatment sessions, submit to random testing, and remain substance free, sober, and law-abiding. I agree to abide by the rules and regulations imposed by the Treatment Court team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.
5.  I understand that sanctions may include a behavior contract, increased testing, community service, imposition of jail time, and other such sanctions that may be deemed appropriate by the Treatment Court Team.
6.  I agree to ~~cooperate~~ assist in ~~an assessment for~~ creating an individualized case planning an ~~individualized treatment program~~ adequate to my needs. I agree to cooperate in additional assessment when necessary to identify my changing needs, and to comply with case plan modifications as circumstances arise.

7.  I also understand that as part of my Treatment Court program I must participate in the recommended treatment plan determined by my treatment provider. I understand that my treatment plan may be modified by the treatment provider as circumstances arise and I agree to comply with the requirements of any such modifications treatment plan. I agree that I will not leave any treatment program without prior approval of my treatment provider and Treatment Court Team.
8.  ~~I understand that I could be ordered community service hours for any unexcused missed therapy appointment. I understand that a medical excuse or note will be needed from the therapist indicating I called and rescheduled the appointment. I understand that the hours will need to be completed within two weeks from accruing the sanction in Treatment Court. I understand that if this sanction is not completed within the allotted time, I will spend a day in jail.~~
9.  I understand that I will be tested for the presence of drugs and alcohol in my system on a random basis according to procedures established by the Treatment Court Team, treatment provider and Department of Corrections. I agree to be drug and alcohol tested at any time by law enforcement, probation officer, treatment provider, or at the request of the court or any agency designated by the court. I understand that throughout my participation in Treatment Court urine analyses will be observed by trained personnel. I understand that I will be given a location and time to report for my drug and alcohol test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered positive and I may be sanctioned.
10.  I understand that substituting, altering, or trying in any way to change my body fluids for purposes of testing will be grounds for immediate termination from Treatment Court. Tampering with urine samples or using another person's urine is a misdemeanor and may be subject to new charges.
11.  I understand that participating in Treatment Court requires me to be drug and alcohol free at all times. I will not possess drugs or alcohol (including Marijuana), or drug or alcohol paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs or alcohol are being used by others
12.  ~~I agree to be drug and alcohol tested at any time by a police officer, probation officer, treatment provider, or at the request of the court or any agency designated by the court.~~
13.  I understand that I may not possess any weapons while I am in Treatment Court. I will dispose of any and all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household.
14.  I agree to inform any law enforcement officer who contacts me that I am in Treatment Court.
15.  ~~I understand that throughout my participation in Treatment Court urine analyses will be observed by trained personnel.~~

- 16.  I understand that I may not work as a confidential informant with any law enforcement agency while I am in Treatment Court, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in Treatment Court.
- 17.  I understand that during the course of Treatment Court, at any given time, observers may attend court proceedings. ~~I also understand that all observers are required to sign a confidentiality form verifying the seriousness of participant confidentiality and their acceptance to abide by the agreement.~~
- 18.  ~~I may not participate in Treatment Court if I am currently an affiliated gang member.~~
- 19.  I will inform all treating physicians that I am a recovering substance user and may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my treatment provider and court services coordinator and obtain specific permission from the Treatment Court Team to take such medication.
- 20.  I agree to be responsible for what goes into my body that may affect drug test results. Before taking medications of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive, and contains no alcohol. I will pre-register any and all medications (prescribed or over-the-counter) with my treatment provider and Treatment Court.
- ~~21.  I agree that I will not leave any treatment program without prior approval of my treatment provider and Treatment Court Team.~~

**I have read the above contract and I understand what I have read. I am willing to enter into this agreement with Door County Treatment Court.**

Participant Signature:	Date:
<del>Witness Court Services Coordinator</del> Signature:	Date:



# PHASE ONE PACKET

*DOOR COUNTY TREATMENT COURT*

**Property of:**

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**If found please return to:**  
Court Services Coordinator  
Door County Sheriff's Office  
1201 S. Duluth Ave, Door County, WI 54235  
(920) 746-5669

# PHASE ONE: CHANCE

CONGRATULATIONS AND WELCOME TO PHASE ONE!!

This packet will help you to successfully complete Phase One of your Treatment Court Program. In this phase you have the opportunity to take a chance on a new life, commit to trying something new, be honest, and trust in the process. If you have any questions along the way, please reach out to the Court Services Coordinator.

*"One chance is  
all you need."*

*-Jesse Owens*

## PHASE STRUCTURE

Each of the 5 phases have requirements necessary to complete prior to advancing to the next phase. In addition to the individualized phase requirements, the following are requirements expected of participants during each phase:

- Remain honest with Treatment Court Team members and service providers
- Maintain strict compliance with random alcohol and drug testing at least twice a week throughout the entirety of the Treatment Court
- Participate and be engaged in recommended treatment plans, as determined by the treatment provider
- Adhere to random home and employment visits as determined by DOC policies and procedures
- Complete Rule of 40 Sheet weekly
- Participate and complete Moral Recognition Therapy (MRT)
- Establish and maintain a payment plan for all assessed fees including fees related to treatment, probation, court fines and restitution, if any was ordered

### PHASE ONE

#### CHANCE: Acute Stabilization

*The minimum requirements for the successful completion of Phase One are as follows:*

<b>Length of phase:</b>	A minimum of 60 days
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Attend Treatment Court weekly</li> <li>• Meet weekly face-to-face with Treatment Court Coordinator and Probation Agent</li> <li>• Create a case plan with probation agent to address people, places and things.</li> <li>• Engage with treatment</li> <li>• Address housing issues, if needed</li> <li>• Obtain medical assessment, if needed</li> <li>• Attain of health insurance if lack health insurance</li> <li>• Maintain total abstinence for a minimum of 14 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li> <li>• Have no unexcused absences from Treatment Court sessions and scheduled services/appointments for a minimum of 30 consecutive days</li> </ul> <p>Phase 2 Application must be submitted to the court services coordinator for phase advancement.</p>

## PROGRAM RULES

As a Treatment Court participant, you will be required to abide by the following rules:

1. **Always be honest.** The Door County Treatment Court was established to combine AODA treatment with a criminal justice approach to give you the best opportunity to change. However, this will take your best effort and truthfulness on your part.
2. **Do not use or possess any alcohol or other drugs.** Sobriety is the primary focus of the Treatment Court Program. Maintaining a drug free lifestyle is the most important aspect of your Treatment program.
3. **Attend all ordered treatment sessions.** This includes individual and group counseling, education sessions and recovery groups. If you are unable to attend a scheduled session, you must contact the treatment provider AND court services coordinator. Missed sessions may result in a program sanction.
4. **Report to your probation agent and court services coordinator as directed.** If you have any problems making an appointment, contact your probation agent and court services coordinator immediately. Some meetings with your probation agent will be conducted in your home. Missed appointments may result in a program sanction.
5. **Be on time.** You are expected to be on time for court, your treatment sessions, and meetings with your agent and court services coordinator. Contact your treatment provider, probation agent, and court services coordinator immediately if there is a possibility that you may be late. If you are late you may not be allowed to attend your meeting or counseling session. Tardiness may also result in a program sanction.
6. **Do not make threats toward other participants and staff, or behave in a violent manner.**
7. **Act and dress appropriately for court and treatment sessions.** Act appropriately when in the courtroom. You are expected to respect the judge and all Treatment Court personnel. Speak with your Treatment Court Team if you need assistance with clothing selection.
8. **Avoid any premises where the primary purpose of the business is the sale of alcohol, unless receiving court approval related directly to employment.**
9. **Attend all court sessions as ordered.**
10. **Maintain your residence in Door County throughout the length of the program.**
11. **Follow the treatment plan as directed by the Treatment Court Team.**
12. **Do not violate the law.** Obey all laws, including traffic laws. Do NOT drive a vehicle if you do not possess a valid driver's license. If you engage in any criminal act, you can expect termination from the program and prosecution for the pending charges.

13. **Tell your probation agent and court services coordinator within 48 hours if you move or change your telephone number or disconnect your telephone.**
14. **Tell your probation agent and court services coordinator within 48 hours if you change your employment.**
15. **Prior to traveling you must obtain permission from the Treatment Court Team.** You are required to fill out a Relapse Prevention Plan prior to all travel to be approved by the Treatment Court Team.
16. **Submit randomized alcohol and drug testing upon request.**
17. **Pay for required Treatment Court programming and services.** This includes court fines and fees, treatment cost as determined by the treatment provider, supervision fees as determined by DOC policies and procedures, and restitution where applicable.
18. **Understand that you may not opt out of the Treatment Court Program.** While admission to the Treatment Court is voluntary, once enrolled, participants cannot leave the program unless they graduate or are terminated.

## TIPS ON HOW TO SUCCEED

1. BE HONEST. HONESTY IS ESSENTIAL TO TREATMENT COURT.
2. Keep all your appointments and make all court appearances. Keeping appointments is as important as coming to court.
3. You will be busy with appointments and court dates, so put all of your appointments in the calendar that has been provided to you. You must bring your calendar to all meetings and court appearances. Utilize your cell phone alarm clock or the alarm clock provided to you. Excuses are not tolerated.
4. Plan your schedule (work, school, treatment) in advance.
5. Know your treatment schedule.
6. If you absolutely cannot make an appointment, **CALL BEFORE**, not after.
7. Plan ahead. If transportation is a problem, have back-up plan to get to where you have to be. Failure to have adequate transportation is not an excuse.
8. Keep all of your paperwork. Do not throw anything away.

### IMPORTANT PHONE NUMBERS:

Court Services Coordinator: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_

Support persons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment/vocational support:

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## SOME DEFINITIONS

**Assessment:** To gather information about your drug and alcohol use and lifestyle to find the best treatment for you.

**Court Services Coordinator:** The person who monitors your progress during the program to make sure that all Treatment Court requirements are satisfied.

**Confidentiality:** The requirement not to discuss specific names and personal information learned during treatment and court sessions with anyone outside of the treatment group or court.

**Counselor:** The person who provides you treatment services, in group and individual sessions, and gathers information about your efforts.

**Defense Attorney/Public Defender:** A Treatment Court Team member that ensures your constitutional rights are protected and generally advocates for your stated legal interest. This person does not represent you on your case, but may represent you if you have a termination hearing.

**District Attorney/Prosecutor:** The person who represents the State of Wisconsin in criminal proceedings and advocates on behalf of public safety, victim interests, and holding you accountable for meeting your obligations in the program.

**Treatment Court Judge:**

The Circuit Court Judge who presides over all court appearances and who administers sanctions and incentives based on your progress.

**Treatment Court Team:** The group of professionals, including the judge, coordinator, counselor, public defender, district attorney, probation officer, law enforcement representative, recovery representative, and employment representative, that provide both legal and treatment oversight of your case.

**Drug Testing:** You will receive randomized notifications informing you to go the Door County Jail and submit to a breathalyzer and urine drug screen. Any failures to test or diluted drug tests are considered positive drug tests by the Treatment Court team. Tests happen a minimum of 2 times per week throughout your entire program.

**Incentives:** The rewards the Treatment Court judge gives you for following the program rules.

**Sanctions:** The negative responses the Treatment Court judge uses when you do not follow program rules as directed.

**Treatment Court Team Staffing:** At the Treatment Court Team Staffing your progress will be reviewed and decisions regarding the use of an incentive or sanction will be made. The individuals involved in the staffing are all members of the Treatment Court Team.

**Support Groups:** A group that provides support and an opportunity for personal growth in your new drug-free lifestyle. Examples include Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery.

**Treatment:** Counseling that you will attend during your entire time in the program. This may include residential treatment, intensive outpatient substance use counseling, standard outpatient substance abuse treatment, relapse prevention, individual counseling, group therapy, mental health treatment, cognitive therapy, aftercare treatment or any other counseling that may be appropriate for you.

**Court Programing:** Anger management, domestic violence counseling, Moral Recognition Therapy, financial counseling, parenting classes, or any other programming that may be appropriate for you.

**Excused Absences:** Excused absences from any of your Treatment Court programming must receive prior approval a minimum of 24 hours in advance from the coordinator, therapist, probation agent, and/or the Treatment Court Judge. In the event of any unexcused absence, you must contact the coordinator immediately. Unexcused absences may result in a sanction.

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## COURT DATES:

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS THIS WEEK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS THIS WEEK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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**COURT DATES:**

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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**COURT DATES:**

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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**COURT DATES:**

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

---

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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**COURT DATES:**

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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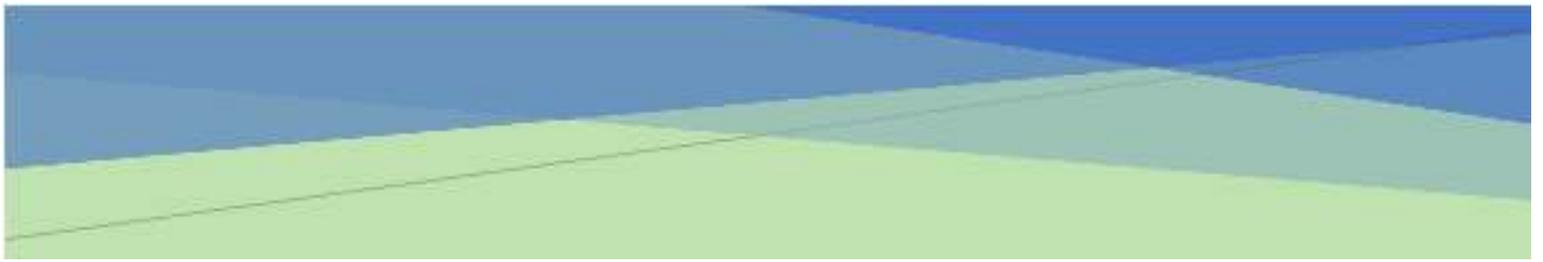
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**TO DO/TASKS THIS WEEK:** \_\_\_\_\_

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# APPLICATION FOR PHASE TWO

## *Door County Treatment Court*

*Complete and turn into Court Services Coordinator*

*\*Please see the Court Services Coordinator if you need assistance completing the application*



**NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE TURNED IN:** \_\_\_\_\_

# PHASE TWO APPLICATION

In order to phase up you must have met all the requirements of Phase One.  
Please review those prior to completing this application.

**Have you been in Phase 1 for a minimum of 60 days?** Date started Phase 1: \_\_\_\_\_

**Have you had a minimum of 14 consecutive days of sobriety?** Sobriety date: \_\_\_\_\_

**Are you engaged in treatment and attending regularly?**  
Counselor verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Are you in compliance with supervision?**  
Probation verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Are you currently employed? Yes or No**                      **If yes, where are you employed?**

**If no, what are your plans for future employment? If you are employed, do you have any future employment goals?** \_\_\_\_\_  
\_\_\_\_\_

**Are you currently enrolled in school or vocational training? Yes or No**

**If yes, where are you attending?** \_\_\_\_\_

**What type of degree or training are you enrolled in?** \_\_\_\_\_

**List all of the incentives you received during Phase 1:** \_\_\_\_\_  
\_\_\_\_\_

**Do you think these incentives were beneficial? Yes or No**

**If not, what type of incentives do you think would be beneficial?** \_\_\_\_\_  
\_\_\_\_\_

List the type of sanctions you received during Phase 1: \_\_\_\_\_

If jail was a sanction, how many days total did you serve during Phase 1? \_\_\_\_\_

Do you think these sanctions were beneficial in changing your negative behavior? Yes or No

Explain: \_\_\_\_\_

\_\_\_\_\_

Describe 3 accomplishments you achieved during Phase 1:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify 3 of your biggest struggles in Phase 1:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List 3 specific goals you would like to accomplish in Phase 2:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you believe you should be advanced to the Phase 2?

\_\_\_\_\_

\_\_\_\_\_

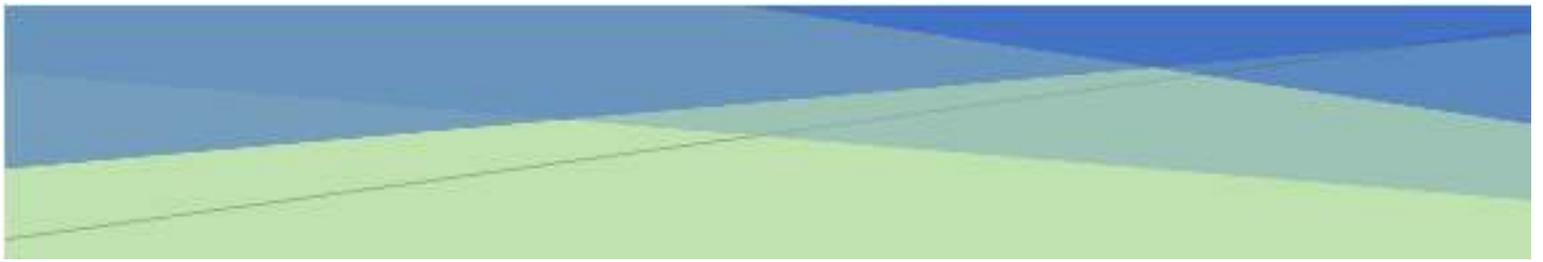
\_\_\_\_\_

**Based on the above, I respectfully request that the Treatment Court Team approve my application for phase advancement.**

**Participant signature** \_\_\_\_\_ **Date submitted** \_\_\_\_\_

*This application has been approved by:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date approved:* \_\_\_\_\_



# PHASE TWO PACKET

*DOOR COUNTY TREATMENT COURT*

**Property of:**

---

**If found please return to:**  
Court Services Coordinator  
Door County Sheriff's Office  
1201 S. Duluth Ave, Door County, WI 54235  
(920) 746-5669

# PHASE TWO: CHALLENGE

## CONGRATULATIONS AND WELCOME TO PHASE TWO!

Congratulations on completing your first phase! This packet will help you to successfully complete Phase Two of your Treatment Court Program. In this phase you will be challenged to focus on your needs, be honest, and to trust in the process. If you have any questions along the way, please reach out to the Court Services Coordinator.

*"If you don't challenge yourself, you will never realize what you can become."*

*-anonymous*

## PHASE STRUCTURE

Each of the 5 phases have requirements necessary to complete prior to advancing to the next phase. In addition to the individualized phase requirements, the following are requirements expected of participants during each phase:

- Remain honest with Treatment Court Team members and service providers
- Maintain strict compliance with random alcohol and drug testing at least twice a week throughout the entirety of the Treatment Court
- Participant and be engaged in recommended treatment plans, as determined by the treatment provider
- Adhere to random home and employment visits as determined by DOC policies and procedures
- Complete Rule of 40 Sheet weekly
- Participate and complete Moral Recognition Therapy (MRT)
- Establish and maintain a payment plan for all assessed fees including fees related to treatment, probation, court fines and restitution, if any was ordered

<b>PHASE TWO</b> <b>CHALLENGE: Clinical Stabilization</b>	
<i>The minimum requirements for the successful completion of Phase Two include all of the following requirements:</i>	
<b>Length of phase:</b>	A minimum of 90 days
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Attend Treatment Court weekly</li> <li>• Meet weekly face-to-face with Treatment Court Coordinator and Probation Agent</li> <li>• Review case plan with Probation agent</li> <li>• Continue to address people, places and things</li> <li>• Continue addressing medical needs</li> <li>• Identify other needs</li> <li>• Enroll in recommended We Are Hope, Inc. program, if needed</li> <li>• Obtain a budget assessment</li> <li>• Attend a minimum of 1 support group meeting per week</li> <li>• Develop housing plan to obtain or maintain housing</li> <li>• Maintain total abstinence for a minimum of 30 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li> </ul> <p>Phase 3 Application must be submitted to the court services coordinator for phase advancement.</p>

## PROGRAM RULES

As a Treatment Court participant, you will be required to abide by the following rules:

1. **Always be honest.** The Door County Treatment Court was established to combine AODA treatment with a criminal justice approach to give you the best opportunity to change. However, this will take your best effort and truthfulness on your part.
2. **Do not use or possess any alcohol or other drugs.** Sobriety is the primary focus of the Treatment Court Program. Maintaining a drug free lifestyle is the most important aspect of your Treatment program.
3. **Attend all ordered treatment sessions.** This includes individual and group counseling, education sessions and recovery groups. If you are unable to attend a scheduled session, you must contact the treatment provider AND court services coordinator. Missed sessions may result in a program sanction.
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Support persons: \_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_ COMPLETE RULE OF 40 ON TIME: Y or N

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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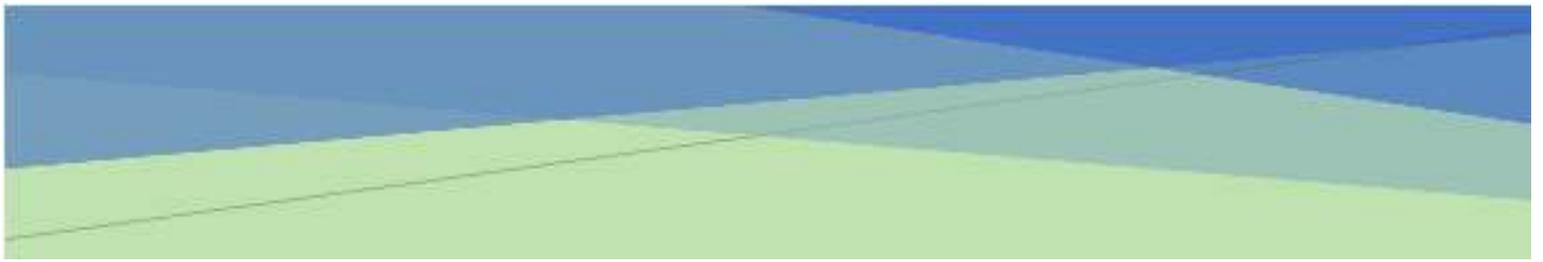
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TO DO/TASKS THIS WEEK: \_\_\_\_\_

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# APPLICATION FOR PHASE THREE

## *Door County Treatment Court*

*Complete and turn into Court Services Coordinator*

*\*Please see the Court Services Coordinator if you need assistance completing the application*

**NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE TURNED IN:** \_\_\_\_\_

# PHASE THREE APPLICATION

In order to phase up you must have met all the requirements of Phase Two.  
Please review those prior to completing this application.

- Have you been in Phase 2 for a minimum of 90 days?** Date started Phase 2: \_\_\_\_\_
- Have you had a minimum of 30 consecutive days of sobriety?** Sobriety date: \_\_\_\_\_
- Have you obtained a budget assessment and developed a payment plan for fees? Yes or No**
- If needed, have you developed a housing plan to obtain or maintain stable housing? Yes or No**
- Are you engaged in treatment and attending regularly?**  
Counselor verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
- Are you in compliance with supervision?**  
Probation verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
- Are you engaged in recovery support groups? Which groups or what is your home group:** \_\_\_\_\_  
\_\_\_\_\_
- Are you currently employed? Yes or No**      **If yes, where are you employed?**  
\_\_\_\_\_  
**If no, what are your plans for future employment? If you are employed, do you have any future employment goals?** \_\_\_\_\_  
\_\_\_\_\_
- Are you currently enrolled in school or vocational training? Yes or No**  
**If yes, where are you attending?** \_\_\_\_\_  
**What type of degree or training are you enrolled in?** \_\_\_\_\_
- List all of the incentives you received during Phase 2:** \_\_\_\_\_  
\_\_\_\_\_  
**Do you think these incentives were beneficial? Yes or No**  
**If not, what type of incentives do you think would be beneficial?** \_\_\_\_\_  
\_\_\_\_\_

List the type of sanctions you received during Phase 2: \_\_\_\_\_

If jail was a sanction, how many days total did you serve during Phase 2? \_\_\_\_\_

Do you think these sanctions were beneficial in changing your negative behavior? Yes or No

Explain: \_\_\_\_\_

\_\_\_\_\_

Describe 3 accomplishments you achieved during Phase 2:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify 3 of your biggest struggles in Phase 2:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List 3 specific goals you would like to accomplish in Phase 3:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you believe you should be advanced to the Phase 3?

\_\_\_\_\_

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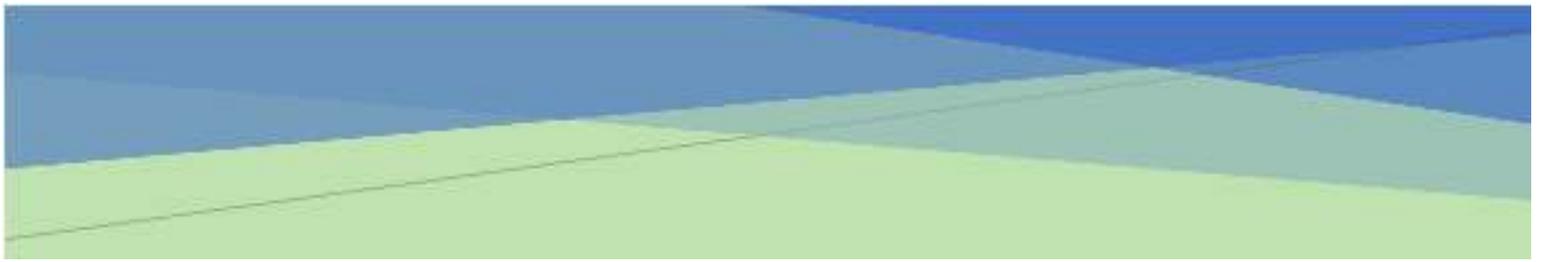
**Based on the above, I respectfully request that the Treatment Court Team approve my application for phase advancement.**

**Participant signature** \_\_\_\_\_ **Date submitted** \_\_\_\_\_

*This application has been approved by:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date approved:* \_\_\_\_\_





# PHASE THREE PACKET

*DOOR COUNTY TREATMENT COURT*

**Property of:**

---

**If found please return to:**  
Court Services Coordinator  
Door County Sheriff's Office  
1201 S. Duluth Ave, Door County, WI 54235  
(920) 746-5669

# PHASE THREE: CHOICE

## CONGRATULATIONS AND WELCOME TO PHASE THREE!

Congratulations on completing your second phase! This packet will help you to successfully complete Phase Three of your Treatment Court Program. In this phase you will show your commitment to focusing on your needs, making positive choices, being honest, and trusting in the process. If you have any questions along the way, please reach out to the Court Services Coordinator.

*"May your  
choices reflect  
your hopes, not  
your fears."*

*-Nelson Mandela*

## PHASE STRUCTURE

Each of the 5 phases have requirements necessary to complete prior to advancing to the next phase. In addition to the individualized phase requirements, the following are requirements expected of participants during each phase:

- Remain honest with Treatment Court Team members and service providers
- Maintain strict compliance with random alcohol and drug testing at least twice a week throughout the entirety of the Treatment Court
- Participant and be engaged in recommended treatment plans, as determined by the treatment provider
- Adhere to random home and employment visits as determined by DOC policies and procedures
- Complete Rule of 40 Sheet weekly
- Participate and complete Moral Recognition Therapy (MRT)
- Establish and maintain a payment plan for all assessed fees including fees related to treatment, probation, court fines and restitution, if any was ordered

### PHASE THREE

#### CHOICE: Pro-Social Habilitation

*The minimum requirements for the successful completion of Phase Three include all of the following requirements:*

<b>Length of phase:</b>	A minimum of 90 days
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Attend Treatment Court bi-weekly, unless the team determines more court support is appropriate</li> <li>• Meet bi-weekly face-to-face with court services coordinator and probation agent, or as directed by court services coordinator and probation agent</li> <li>• Review Case Plan with probation agent and establish prosocial activities</li> <li>• Maintain stable housing</li> <li>• Demonstrate healthy people, places and things</li> <li>• Attend a minimum of 2 support group meetings per week</li> <li>• Develop Relapse Prevention Plan</li> <li>• Must be employed or in some vocational or educational program</li> <li>• Maintain total abstinence for a minimum of 45 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li> </ul> <p>Phase 4 Application must be submitted to the court services coordinator for phase advancement.</p>

## PROGRAM RULES

As a Treatment Court participant, you will be required to abide by the following rules:

1. **Always be honest.** The Door County Treatment Court was established to combine AODA treatment with a criminal justice approach to give you the best opportunity to change. However, this will take your best effort and truthfulness on your part.
2. **Do not use or possess any alcohol or other drugs.** Sobriety is the primary focus of the Treatment Court Program. Maintaining a drug free lifestyle is the most important aspect of your Treatment program.
3. **Attend all ordered treatment sessions.** This includes individual and group counseling, education sessions and recovery groups. If you are unable to attend a scheduled session, you must contact the treatment provider AND court services coordinator. Missed sessions may result in a program sanction.
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# COURT DATES:

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

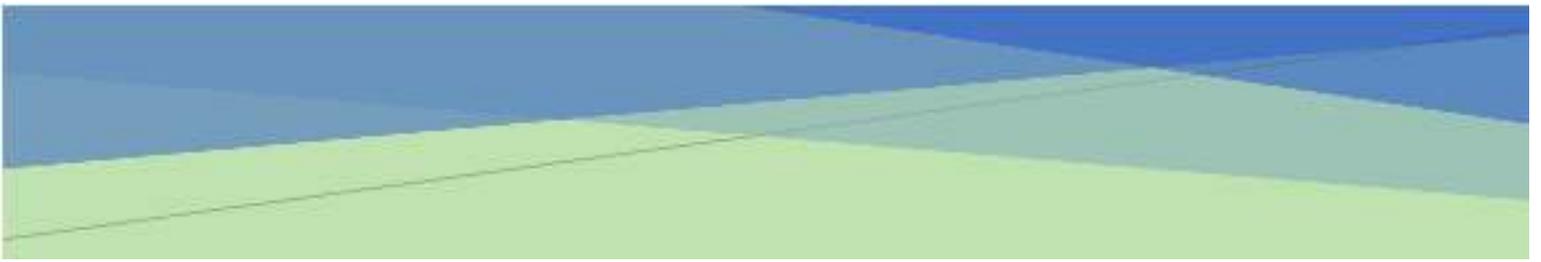
\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DRAFT



# APPLICATION FOR PHASE FOUR

## *Door County Treatment Court*

*Complete and turn into Court Services Coordinator*

*\*Please see the Court Services Coordinator if you need assistance completing the application*

**NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE TURNED IN:** \_\_\_\_\_

# PHASE FOUR APPLICATION

In order to phase up you must have met all the requirements of Phase Three.  
Please review those prior to completing this application.

- Have you been in Phase 3 for a minimum of 90 days?** Date started Phase 3: \_\_\_\_\_
- Have you had a minimum of 45 consecutive days of sobriety?** Sobriety date: \_\_\_\_\_
- Have you maintained stable housing?** Date of move-in: \_\_\_\_\_
- Have you continued to make consistent payments as outlined in your payment plan?** Yes or No
- Are you engaged in treatment and attending regularly?**  
Counselor verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
- Are you in compliance with supervision?**  
Probation verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
- Are you engaged in recovery support groups?** Which groups or what is your home group: \_\_\_\_\_  
\_\_\_\_\_
- Have you completed your relapse prevention plan?** Yes or No
- What pro-social activities are you engaged?** \_\_\_\_\_  
\_\_\_\_\_
- Are you currently employed?** Yes or No      **If yes, where are you employed?**  
\_\_\_\_\_  
**If no, what are your plans for future employment? If you are employed, do you have any future employment goals?** \_\_\_\_\_  
\_\_\_\_\_
- Are you currently enrolled in school or vocational training?** Yes or No  
**If yes, where are you attending?** \_\_\_\_\_  
**What type of degree or training are you enrolled in?** \_\_\_\_\_

List all of the incentives you received during Phase 3: \_\_\_\_\_

Do you think these incentives were beneficial? Yes or No

If not, what type of incentives do you think would be beneficial? \_\_\_\_\_

List the type of sanctions you received during Phase 3: \_\_\_\_\_

If jail was a sanction, how many days total did you serve during Phase 3? \_\_\_\_\_

Do you think these sanctions were beneficial in changing your negative behavior? Yes or No

Explain: \_\_\_\_\_

Describe 3 accomplishments you achieved during Phase 3:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify 3 of your biggest struggles in Phase 3:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 3 specific goals you would like to accomplish in Phase 4:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you believe you should be advanced to the Phase 4?

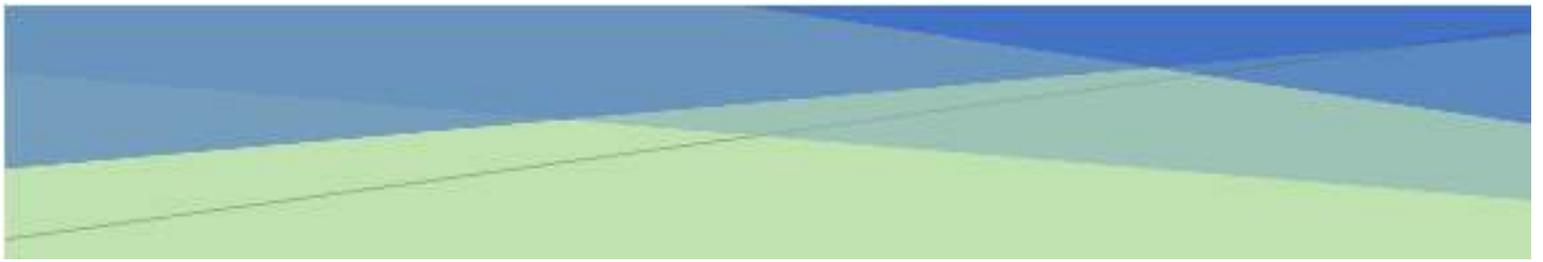
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the above, I respectfully request that the Treatment Court Team approve my application for phase advancement.

Participant signature \_\_\_\_\_ Date submitted \_\_\_\_\_

*This application has been approved by:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date approved:* \_\_\_\_\_



# PHASE FOUR PACKET

*DOOR COUNTY TREATMENT COURT*

**Property of:**

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**If found please return to:**  
Court Services Coordinator  
Door County Sheriff's Office  
1201 S. Duluth Ave, Door County, WI 54235  
(920) 746-5669

# PHASE FOUR: CHANGE

## CONGRATULATIONS AND WELCOME TO PHASE FOUR!

Congratulations on completing your third phase! This packet will help you to successfully complete Phase Four of your Treatment Court Program. In this phase you will show your commitment to making positive choices and changes, being honest, and trusting in the process. If you have any questions along the way, please reach out to the Court Services Coordinator.

*"If you change  
nothing,  
nothing  
changes."*

*-Joyce Brothers*

## PHASE STRUCTURE

Each of the 5 phases have requirements necessary to complete prior to advancing to the next phase. In addition to the individualized phase requirements, the following are requirements expected of participants during each phase:

- Remain honest with Treatment Court Team members and service providers
- Maintain strict compliance with random alcohol and drug testing at least twice a week throughout the entirety of the Treatment Court
- Participant and be engaged in recommended treatment plans, as determined by the treatment provider
- Adhere to random home and employment visits as determined by DOC policies and procedures
- Complete Rule of 40 Sheet weekly
- Participate and complete Moral Recognition Therapy (MRT)
- Establish and maintain a payment plan for all assessed fees including fees related to treatment, probation, court fines and restitution, if any was ordered

<b>PHASE FOUR</b> <b>CHANGE: Adaptive Habilitation</b>	
<i>The minimum requirements for the successful completion of Phase Four include all the following requirements:</i>	
<b>Length of phase:</b>	A minimum of 90 days
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Attend Treatment Court monthly, unless the team determines more court support is appropriate</li> <li>• Meet twice per month face-to-face with court services coordinator and probation agent, or as directed by court services coordinator and probation agent</li> <li>• Completion of MRT- Criminal Thinking group</li> <li>• Attend a minimum of 2 support group meetings per week</li> <li>• Must be employed or in some vocational or educational program</li> <li>• Participate in prosocial activities</li> <li>• Maintain stable housing</li> <li>• Maintain total abstinence for a minimum of 60 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li> </ul> <p>Phase 5 Application must be submitted to the court services coordinator for phase advancement.</p>

## PROGRAM RULES

As a Treatment Court participant, you will be required to abide by the following rules:

1. **Always be honest.** The Door County Treatment Court was established to combine AODA treatment with a criminal justice approach to give you the best opportunity to change. However, this will take your best effort and truthfulness on your part.
2. **Do not use or possess any alcohol or other drugs.** Sobriety is the primary focus of the Treatment Court Program. Maintaining a drug free lifestyle is the most important aspect of your Treatment program.
3. **Attend all ordered treatment sessions.** This includes individual and group counseling, education sessions and recovery groups. If you are unable to attend a scheduled session, you must contact the treatment provider AND court services coordinator. Missed sessions may result in a program sanction.
4. **Report to your probation agent and court services coordinator as directed.** If you have any problems making an appointment, contact your probation agent and court services coordinator immediately. Some meetings with your probation agent will be conducted in your home. Missed appointments may result in a program sanction.
5. **Be on time.** You are expected to be on time for court, your treatment sessions, and meetings with your agent and court services coordinator. Contact your treatment provider, probation agent, and court services coordinator immediately if there is a possibility that you may be late. If you are late you may not be allowed to attend your meeting or counseling session. Tardiness may also result in a program sanction.
6. **Do not make threats toward other participants and staff, or behave in a violent manner.**
7. **Act and dress appropriately for court and treatment sessions.** Act appropriately when in the courtroom. You are expected to respect the judge and all Treatment Court personnel. Speak with your Treatment Court Team if you need assistance with clothing selection.
8. **Avoid any premises where the primary purpose of the business is the sale of alcohol, unless receiving court approval related directly to employment.**
9. **Attend all court sessions as ordered.**
10. **Maintain your residence in Door County throughout the length of the program.**
11. **Follow the treatment plan as directed by the Treatment Court Team.**
12. **Do not violate the law.** Obey all laws, including traffic laws. Do NOT drive a vehicle if you do not possess a valid driver's license. If you engage in any criminal act, you can expect termination from the program and prosecution for the pending charges.

13. **Tell your probation agent and court services coordinator within 48 hours if you move or change your telephone number or disconnect your telephone.**
14. **Tell your probation agent and court services coordinator within 48 hours if you change your employment.**
15. **Prior to traveling you must obtain permission from the Treatment Court Team.** You are required to fill out a Relapse Prevention Plan prior to all travel to be approved by the Treatment Court Team.
16. **Submit randomized alcohol and drug testing upon request.**
17. **Pay for required Treatment Court programming and services.** This includes court fines and fees, treatment cost as determined by the treatment provider, supervision fees as determined by DOC policies and procedures, and restitution where applicable.
18. **Understand that you may not opt out of the Treatment Court Program.** While admission to the Treatment Court is voluntary, once enrolled, participants cannot leave the program unless they graduate or are terminated.

## TIPS ON HOW TO SUCCEED

1. BE HONEST. HONESTY IS ESSENTIAL TO TREATMENT COURT.
2. Keep all your appointments and make all court appearances. Keeping appointments is as important as coming to court.
3. You will be busy with appointments and court dates, so put all of your appointments in the calendar that has been provided to you. You must bring your calendar to all meetings and court appearances. Utilize your cell phone alarm clock or the alarm clock provided to you. Excuses are not tolerated.
4. Plan your schedule (work, school, treatment) in advance.
5. Know your treatment schedule.
6. If you absolutely cannot make an appointment, **CALL BEFORE**, not after.
7. Plan ahead. If transportation is a problem, have back-up plan to get to where you have to be. Failure to have adequate transportation is not an excuse.
8. Keep all of your paperwork. Do not throw anything away.

### IMPORTANT PHONE NUMBERS:

Court Services Coordinator: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_

Support persons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment/vocational support:

\_\_\_\_\_

\_\_\_\_\_

## SOME DEFINITIONS

**Assessment:** To gather information about your drug and alcohol use and lifestyle to find the best treatment for you.

**Court Services Coordinator:** The person who monitors your progress during the program to make sure that all Treatment Court requirements are satisfied.

**Confidentiality:** The requirement not to discuss specific names and personal information learned during treatment and court sessions with anyone outside of the treatment group or court.

**Counselor:** The person who provides you treatment services, in group and individual sessions, and gathers information about your efforts.

**Defense Attorney/Public Defender:** A Treatment Court Team member that ensures your constitutional rights are protected and generally advocates for your stated legal interest. This person does not represent you on your case, but may represent you if you have a termination hearing.

**District Attorney/Prosecutor:** The person who represents the State of Wisconsin in criminal proceedings and advocates on behalf of public safety, victim interests, and holding you accountable for meeting your obligations in the program.

**Treatment Court Judge:**  
The Circuit Court Judge who presides over all court appearances and who administers sanctions and incentives based on your progress.

**Treatment Court Team:** The group of professionals, including the judge, coordinator, counselor, public defender, district attorney, probation officer, law enforcement representative, recovery representative, and employment representative, that provide both legal and treatment oversight of your case.

**Drug Testing:** You will receive randomized notifications informing you to go the Door County Jail and submit to a breathalyzer and urine drug screen. Any failures to test or diluted drug tests are considered positive drug tests by the Treatment Court team. Tests happen a minimum of 2 times per week throughout your entire program.

**Incentives:** The rewards the Treatment Court judge gives you for following the program rules.

**Sanctions:** The negative responses the Treatment Court judge uses when you do not follow program rules as directed.

**Treatment Court Team Staffing:** At the Treatment Court Team Staffing your progress will be reviewed and decisions regarding the use of an incentive or sanction will be made. The individuals involved in the staffing are all members of the Treatment Court Team.

**Support Groups:** A group that provides support and an opportunity for personal growth in your new drug-free lifestyle. Examples include Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery.

**Treatment:** Counseling that you will attend during your entire time in the program. This may include residential treatment, intensive outpatient substance use counseling, standard outpatient substance abuse treatment, relapse prevention, individual counseling, group therapy, mental health treatment, cognitive therapy, aftercare treatment or any other counseling that may be appropriate for you.

**Court Programing:** Anger management, domestic violence counseling, Moral Recognition Therapy, financial counseling, parenting classes, or any other programming that may be appropriate for you.

**Excused Absences:** Excused absences from any of your Treatment Court programming must receive prior approval a minimum of 24 hours in advance from the coordinator, therapist, probation agent, and/or the Treatment Court Judge. In the event of any unexcused absence, you must contact the coordinator immediately. Unexcused absences may result in a sanction.

DRAFT

# COURT DATES:

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# COURT DATES:

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

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TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COURT DATES:

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_  
\_\_\_\_\_  
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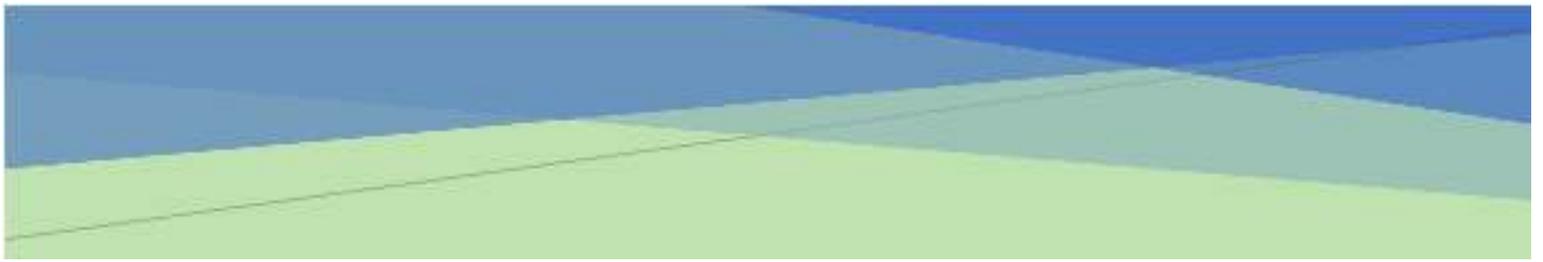
TO DO/TASKS: \_\_\_\_\_  
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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# APPLICATION FOR PHASE FIVE

## *Door County Treatment Court*

*Complete and turn into Court Services Coordinator*

*\*Please see the Court Services Coordinator if you need assistance completing the application*

**NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE TURNED IN:** \_\_\_\_\_

# PHASE FIVE APPLICATION

In order to phase up you must have met all the requirements of Phase Four.  
Please review those prior to completing this application.

- Have you been in Phase 4 for a minimum of 90 days?** Date started Phase 4: \_\_\_\_\_
- Have you had a minimum of 60 consecutive days of sobriety?** Sobriety date: \_\_\_\_\_
- Have you maintained stable housing?** Date of move-in: \_\_\_\_\_
- Have you continued to make consistent payments as outlined in your payment plan? Yes or No**
- Are you engaged in treatment and attending regularly?**  
Counselor verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
- Are you in compliance with supervision?**  
Probation verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
- Are you engaged in recovery support groups? Which groups or what is your home group:** \_\_\_\_\_  
\_\_\_\_\_
- Have you completed MRT- Criminal Thinking Group?**  
Counselor verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
- What pro-social activities are you engaged?** \_\_\_\_\_  
\_\_\_\_\_
- Are you currently employed? Yes or No**                      **If yes, where are you employed?**  
\_\_\_\_\_  
**If no, what are your plans for future employment? If you are employed, do you have any future employment goals?** \_\_\_\_\_  
\_\_\_\_\_
- Are you currently enrolled in school or vocational training? Yes or No**  
**If yes, where are you attending?** \_\_\_\_\_  
**What type of degree or training are you enrolled in?** \_\_\_\_\_

List all of the incentives you received during Phase 4: \_\_\_\_\_

Do you think these incentives were beneficial? Yes or No

If not, what type of incentives do you think would be beneficial? \_\_\_\_\_

List the type of sanctions you received during Phase 4: \_\_\_\_\_

If jail was a sanction, how many days total did you serve during Phase 4? \_\_\_\_\_

Do you think these sanctions were beneficial in changing your negative behavior? Yes or No

Explain: \_\_\_\_\_

Describe 3 accomplishments you achieved during Phase 4:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify 3 of your biggest struggles in Phase 4:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 3 specific goals you would like to accomplish in Phase 5:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

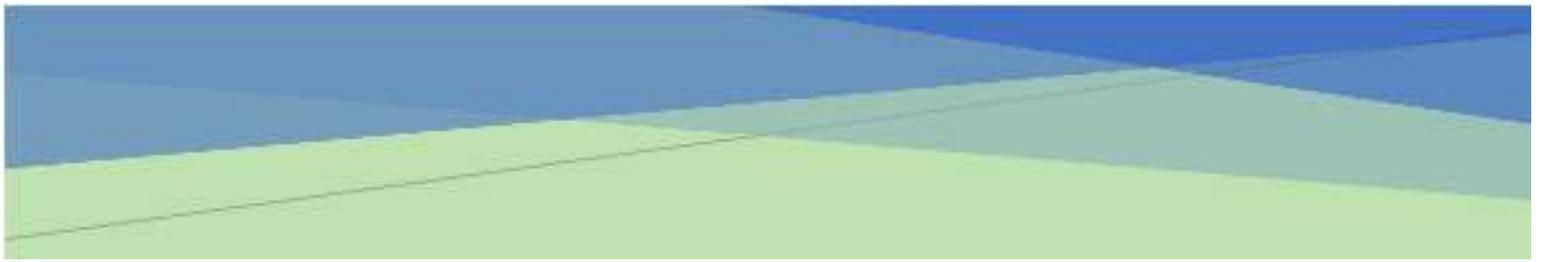
Why do you believe you should be advanced to the Phase 5:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the above, I respectfully request that the Treatment Court Team approve my application for phase advancement.

Participant signature \_\_\_\_\_ Date submitted \_\_\_\_\_

*This application has been approved by:* \_\_\_\_\_  
Signature: \_\_\_\_\_ Date approved: \_\_\_\_\_



# PHASE FIVE PACKET

*DOOR COUNTY TREATMENT COURT*

**Property of:**

---

**If found please return to:**  
Court Services Coordinator  
Door County Sheriff's Office  
1201 S. Duluth Ave, Door County, WI 54235  
(920) 746-5669

# PHASE FIVE: CARE

## CONGRATULATIONS AND WELCOME TO PHASE FIVE!

Congratulations on completing your fourth phase! This packet will help you to successfully complete Phase Five of your Treatment Court Program. In this phase you will show your commitment in making positive choices and changes, caring for yourself, being honest, and continuing to trust in the process. If you have any questions along the way, please reach out to the Court Services Coordinator.

*"Self-care is  
giving the world  
the best of you,  
instead of what is  
left of you"*

*-Katie Reed*

## PHASE STRUCTURE

Each of the 5 phases have requirements necessary to complete prior to advancing to the next phase. In addition to the individualized phase requirements, the following are requirements expected of participants during each phase:

- Remain honest with Treatment Court Team members and service providers
- Maintain strict compliance with random alcohol and drug testing at least twice a week throughout the entirety of the Treatment Court
- Participate and be engaged in recommended treatment plans, as determined by the treatment provider
- Adhere to random home and employment visits as determined by DOC policies and procedures
- Complete Rule of 40 Sheet weekly
- Participate and complete Moral Recognition Therapy (MRT)
- Establish and maintain a payment plan for all assessed fees including fees related to treatment, probation, court fines and restitution, if any was ordered

<b>PHASE FIVE</b> <b>CARE: Maintenance</b>	
<i>The minimum requirements for the successful completion of Phase Five include all of the following requirements:</i>	
<b>Length of phase:</b>	A minimum of 90 days
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Attend Treatment Court monthly, unless the team determines more court support is appropriate</li> <li>• Meet once per month face-to-face with court services coordinator and probation agent, or as directed by court services coordinator and probation agent</li> <li>• Develop a continuation care plan with AODA treatment provider</li> <li>• Attend a minimum of 1 support group meeting per week</li> <li>• Provide support person signatures weekly</li> <li>• Maintain gainful, consistent employment or sufficiently involved in vocational or educational program.</li> <li>• Show ability to remain committed participation in prosocial activities</li> <li>• Be able to show improved stable living arrangements and healthy interpersonal relationships as determined by the Treatment Court Team</li> <li>• Demonstrate an achieved understanding of personal challenges with substance use and criminal behavior.</li> <li>• Maintain total abstinence for a minimum of 90 consecutive days at the time of phasing from the use of alcohol, illegal, or non-prescribed drugs (no misses, dilutes, positives, or admissions)</li> </ul> <p>Graduation Application must be submitted to the court services coordinator for graduation consideration.</p>

## PROGRAM RULES

As a Treatment Court participant, you will be required to abide by the following rules:

1. **Always be honest.** The Door County Treatment Court was established to combine AODA treatment with a criminal justice approach to give you the best opportunity to change. However, this will take your best effort and truthfulness on your part.
2. **Do not use or possess any alcohol or other drugs.** Sobriety is the primary focus of the Treatment Court Program. Maintaining a drug free lifestyle is the most important aspect of your Treatment program.
3. **Attend all ordered treatment sessions.** This includes individual and group counseling, education sessions and recovery groups. If you are unable to attend a scheduled session, you must contact the treatment provider AND court services coordinator. Missed sessions may result in a program sanction.
4. **Report to your probation agent and court services coordinator as directed.** If you have any problems making an appointment, contact your probation agent and court services coordinator immediately. Some meetings with your probation agent will be conducted in your home. Missed appointments may result in a program sanction.
5. **Be on time.** You are expected to be on time for court, your treatment sessions, and meetings with your agent and court services coordinator. Contact your treatment provider, probation agent, and court services coordinator immediately if there is a possibility that you may be late. If you are late you may not be allowed to attend your meeting or counseling session. Tardiness may also result in a program sanction.
6. **Do not make threats toward other participants and staff, or behave in a violent manner.**
7. **Act and dress appropriately for court and treatment sessions.** Act appropriately when in the courtroom. You are expected to respect the judge and all Treatment Court personnel. Speak with your Treatment Court Team if you need assistance with clothing selection.
8. **Avoid any premises where the primary purpose of the business is the sale of alcohol, unless receiving court approval related directly to employment.**
9. **Attend all court sessions as ordered.**
10. **Maintain your residence in Door County throughout the length of the program.**
11. **Follow the treatment plan as directed by the Treatment Court Team.**
12. **Do not violate the law.** Obey all laws, including traffic laws. Do NOT drive a vehicle if you do not possess a valid driver's license. If you engage in any criminal act, you can expect termination from the program and prosecution for the pending charges.
13. **Tell your probation agent and court services coordinator within 48 hours if you move or change your telephone number or disconnect your telephone.**

14. **Tell your probation agent and court services coordinator within 48 hours if you change your employment.**
15. **Prior to traveling you must obtain permission from the Treatment Court Team.** You are required to fill out a Relapse Prevention Plan prior to all travel to be approved by the Treatment Court Team.
16. **Submit randomized alcohol and drug testing upon request.**
17. **Pay for required Treatment Court programming and services.** This includes court fines and fees, treatment cost as determined by the treatment provider, supervision fees as determined by DOC policies and procedures, and restitution where applicable.
18. **Understand that you may not opt out of the Treatment Court Program.** While admission to the Treatment Court is voluntary, once enrolled, participants cannot leave the program unless they graduate or are terminated.

## TIPS ON HOW TO SUCCEED

1. BE HONEST. HONESTY IS ESSENTIAL TO TREATMENT COURT.
2. Keep all your appointments and make all court appearances. Keeping appointments is as important as coming to court.
3. You will be busy with appointments and court dates, so put all of your appointments in the calendar that has been provided to you. You must bring your calendar to all meetings and court appearances. Utilize your cell phone alarm clock or the alarm clock provided to you. Excuses are not tolerated.
4. Plan your schedule (work, school, treatment) in advance.
5. Know your treatment schedule.
6. If you absolutely cannot make an appointment, **CALL BEFORE**, not after.
7. Plan ahead. If transportation is a problem, have back-up plan to get to where you have to be. Failure to have adequate transportation is not an excuse.
8. Keep all of your paperwork. Do not throw anything away.

### IMPORTANT PHONE NUMBERS:

Court Services Coordinator: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_

Support persons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment/vocational support:

\_\_\_\_\_

\_\_\_\_\_

## SOME DEFINITIONS

**Assessment:** To gather information about your drug and alcohol use and lifestyle to find the best treatment for you.

**Court Services Coordinator:** The person who monitors your progress during the program to make sure that all Treatment Court requirements are satisfied.

**Confidentiality:** The requirement not to discuss specific names and personal information learned during treatment and court sessions with anyone outside of the treatment group or court.

**Counselor:** The person who provides you treatment services, in group and individual sessions, and gathers information about your efforts.

**Defense Attorney/Public Defender:** A Treatment Court Team member that ensures your constitutional rights are protected and generally advocates for your stated legal interest. This person does not represent you on your case, but may represent you if you have a termination hearing.

**District Attorney/Prosecutor:** The person who represents the State of Wisconsin in criminal proceedings and advocates on behalf of public safety, victim interests, and holding you accountable for meeting your obligations in the program.

**Treatment Court Judge:**

The Circuit Court Judge who presides over all court appearances and who administers sanctions and incentives based on your progress.

**Treatment Court Team:** The group of professionals, including the judge, coordinator, counselor, public defender, district attorney, probation officer, law enforcement representative, recovery representative, and employment representative, that provide both legal and treatment oversight of your case.

**Drug Testing:** You will receive randomized notifications informing you to go the Door County Jail and submit to a breathalyzer and urine drug screen. Any failures to test or diluted drug tests are considered positive drug tests by the Treatment Court team. Tests happen a minimum of 2 times per week throughout your entire program.

**Incentives:** The rewards the Treatment Court judge gives you for following the program rules.

**Sanctions:** The negative responses the Treatment Court judge uses when you do not follow program rules as directed.

**Treatment Court Team Staffing:** At the Treatment Court Team Staffing your progress will be reviewed and decisions regarding the use of an incentive or sanction will be made. The individuals involved in the staffing are all members of the Treatment Court Team.

**Support Groups:** A group that provides support and an opportunity for personal growth in your new drug-free lifestyle. Examples include Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery.

**Treatment:** Counseling that you will attend during your entire time in the program. This may include residential treatment, intensive outpatient substance use counseling, standard outpatient substance abuse treatment, relapse prevention, individual counseling, group therapy, mental health treatment, cognitive therapy, aftercare treatment or any other counseling that may be appropriate for you.

**Court Programing:** Anger management, domestic violence counseling, Moral Recognition Therapy, financial counseling, parenting classes, or any other programming that may be appropriate for you.

**Excused Absences:** Excused absences from any of your Treatment Court programming must receive prior approval a minimum of 24 hours in advance from the coordinator, therapist, probation agent, and/or the Treatment Court Judge. In the event of any unexcused absence, you must contact the coordinator immediately. Unexcused absences may result in a sanction.

DRAFT

# COURT DATES:

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# COURT DATES:

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

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TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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TO DO/TASKS: \_\_\_\_\_

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\_\_\_\_\_

## COURT DATES:

DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

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\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ NUMBER OF DAYS SOBER: \_\_\_\_\_

INCENTIVE/SANCTION RECEIVED and WHY: \_\_\_\_\_

\_\_\_\_\_

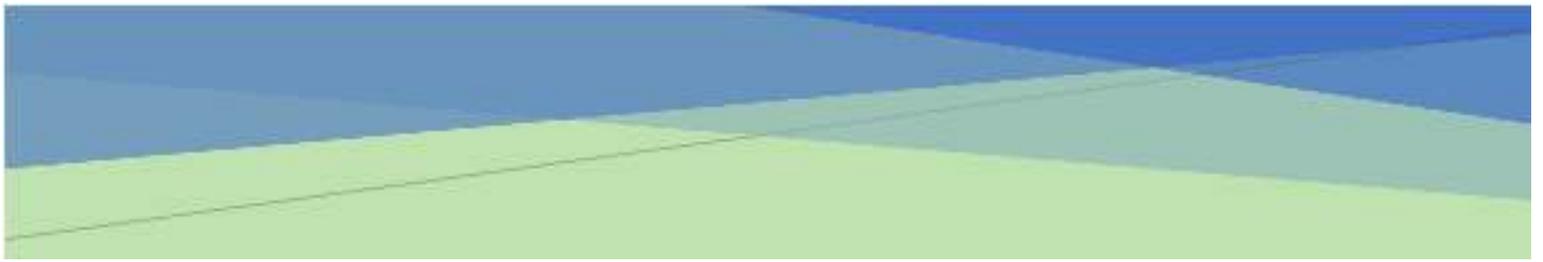
\_\_\_\_\_

TO DO/TASKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# APPLICATION FOR GRADUATION

## *Door County Treatment Court*

*Complete and turn into Court Services Coordinator*

*\*Please see the Court Services Coordinator if you need assistance completing the application*

**NAME:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE TURNED IN:** \_\_\_\_\_

# GRADUATION APPLICATION

In order to phase up you must have met all the requirements of Phase Five.  
Please review those prior to completing this application.

***PLEASE BE PREPARED TO PRESENT THIS APPLICATION TO THE COURT***

- Have you been in Phase 5 for a minimum of 90 days?** Date started Phase 5: \_\_\_\_\_
- Have you had a minimum of 90 consecutive days of sobriety?** Sobriety date: \_\_\_\_\_
- Have you maintained stable housing?** Date of move-in: \_\_\_\_\_
- Are all your community service hours completed? Yes or No**
- Have you continued to make consistent payments as outlined in your payment plan? Yes or No**
- Are you in compliance with supervision?**  
Probation verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
- Are you engaged in treatment and attending regularly?**  
Counselor verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_
  - Name three things you learned from treatment that will assist you in maintaining a substance free life:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - List at least three main elements of your relapse prevention plan:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you engaged in recovery support groups? Which groups or what is your home group: \_\_\_\_\_**  
\_\_\_\_\_
  - Name three things you learned from your recovery support groups that will assist you in maintaining a substance free life:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you completed MRT- Criminal Thinking Group?**

Counselor verification signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Name three things you learned from your MRT – Criminal Thinking Group?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What pro-social activities are you engaged?** \_\_\_\_\_

**What do you find most rewarding about participating in your pro-social activities?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you currently employed? Yes or No**                      **If yes, where are you employed?**

**If no, what are your plans for future employment? If you are employed, do you have any future employment goals?** \_\_\_\_\_

\_\_\_\_\_

**Are you currently enrolled in school or vocational training? Yes or No**

**If yes, where are you attending?** \_\_\_\_\_

**What type of degree or training are you enrolled in?** \_\_\_\_\_

**List all of the incentives you received during Phase 5:** \_\_\_\_\_

**Do you think these incentives were beneficial? Yes or No**

**If not, what type of incentives do you think would be beneficial?** \_\_\_\_\_

\_\_\_\_\_

**List the type of sanctions you received during Phase 5:** \_\_\_\_\_

**If jail was a sanction, how many days total did you serve during Phase 5?** \_\_\_\_\_

**Do you think these sanctions were beneficial in changing your negative behavior? Yes or No**

**Explain:** \_\_\_\_\_

\_\_\_\_\_

Describe 3 accomplishments you achieved during Phase 5:

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What accomplishment are you most proud of since starting your Treatment Court Program and why?

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Identify 3 of your biggest struggles in Phase 5:

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What do you think was your biggest obstacle during your Treatment Court Program?

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List 3 specific goals you would like to accomplish after your graduation:

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Why do you believe you should graduate from the Treatment Court Program?

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**Based on the above, I respectfully request that the Treatment Court Team approve my application for phase advancement.**

**Participant signature \_\_\_\_\_ Date submitted: \_\_\_\_\_**

*This application has been approved by: \_\_\_\_\_*

*Signature: \_\_\_\_\_ Date approved: \_\_\_\_\_*

## Door County Treatment Court Program (DCTCP)

### Waiver of Confidentiality and Agreement to Ex Parte Communication

All Door County Treatment Court Program participants, whether proposed or accepted into the program, are required to provide authorization to disclose confidential information as part of their application to and participation in the Treatment Court. The purpose of this authorization is to give the Treatment Court Team access to any and all necessary participant healthcare and non-healthcare information to evaluate and assess the participant's entry into the treatment court program, to determine an appropriate and individualized treatment plan, and to evaluate and monitor the participant's success under that plan.

<b>1</b>	I agree to execute a consent for disclosure of confidential health and medical and non-health information. I understand that members of the Treatment Court Team may require me to provide very personal information. This may include, but is not limited to, drug and alcohol use, my criminal record, education and work history, family history, medical information, physical and sexual abuse history, and psychiatric information.	
<b>2</b>	I understand that information and documents received through any consent for disclosure of confidential health and medical and non-health information may be copied and shared between members of the Treatment Court Team, which consists of the Treatment Court Judge, Court Services Coordinator, Public Defender, District Attorney, Law Enforcement, Probation Agent, and Treatment Providers. I understand that the members of the Treatment Team may change.	
<b>3</b>	I understand that information and documents received through this waiver and information relevant to my progress and participation in treatment may be discussed in open court and may be disclosed to other participants in Treatment Court and observers of Treatment Court including, but not limited to, members of the public and/or media. No pictures or representations of me and no identifying information about me may be disclosed to the public other than in the Treatment Court courtroom without my express written consent.	
<b>4</b>	I understand that occasionally people other than Treatment Court Team members may observe a Treatment Court Treatment Team meeting/staffing, with the understanding that the meetings are confidential	
<b>5</b>	I understand that some information relating to my Treatment Court participation will be publicly available in my criminal court file, which is kept by the clerk of circuit court. This information includes: <ul style="list-style-type: none"> <li>• Any order referring the participant for a Treatment Court assessment;</li> <li>• Any notice admitting or rejecting the participant to Treatment Court;</li> <li>• Any proceedings or orders regarding involuntary termination from Treatment Court;</li> <li>• Any acknowledgement of successful completion of Treatment Court.</li> </ul>	
<b>6</b>	I understand that some information relating to my Treatment Court participation will be kept separate from the regular court file and kept confidential. Access to this information is limited to members of the Treatment Court Team unless I consent to additional disclosure or unless otherwise ordered by the Court. This information includes: <ul style="list-style-type: none"> <li>• Any application to participate in the Treatment Court;</li> <li>• Any information gathered to evaluate the application;</li> <li>• A Treatment Court participation contract;</li> <li>• All medical information and history of substance abuse: diagnosis, drug and alcohol use, monitoring, medical and psychological reports, prescriptions, etc.;</li> <li>• All Treatment Court Team information: weekly progress reports, information provided by team members, team member recommendations;</li> </ul> Any agreement by Treatment Court Team that information in treatment file shall be used only for purposes of Treatment Court.	
<b>7</b>	I understand that there are exceptions to the confidentiality of the information referenced in #6. Those exceptions include: <ul style="list-style-type: none"> <li>• General information that does not identify me</li> <li>• Information pertaining to a medical emergency</li> <li>• Information that must be released via a court order</li> </ul>	

	<ul style="list-style-type: none"> <li>• Information regarding a crime perpetrated during the course of the program, or while on program premises, or in Court or staffing, or against team personnel</li> <li>• Information pertaining to child abuse or child neglect</li> <li>• Information for the purpose of research or audits.</li> </ul>	
8	I understand that the Judge may initiate, permit, or consider ex parte communication with members of the Treatment Court Team at team meetings, or by written documents provided to all members of the Treatment Court Team. I understand that this means that even when I am not present, the Judge may discuss me and learn or review any information about me that could affect my participation in Treatment Court.	
9	I understand that statements I make in Treatment Court or to treatment providers about personal drug and alcohol use are not for any other purpose including use in any other criminal proceeding or investigation in which I am either a potential witness or suspect.	
10	For the purposes of Treatment Court hearings, I agree to waive my right to have my attorney of record present. I understand that my case may be discussed without my attorney or the prosecutor present. It is my responsibility to contact my attorney if I have a legal question or a legal issue arises that I am unclear about and for which I need legal clarification.	
11	I understand that failure to sign this waiver will be grounds for exclusion from Treatment Court.	

### Participant's Information & Understanding

I am \_\_\_\_\_ years old. I have completed \_\_\_\_\_ years of school.

I	DO	DO NOT	Have a high school diploma, GED, or HSED.
I	DO	DO NOT	Understand the English language.
I	AM NOT	AM	Currently receiving treatment for a mental illness or disorder.
I	HAVE NOT	HAVE	Had alcohol, medication, or drugs within the last 24 hours.

I have read this waiver or had it read to me. I understand this entire document and any attachments. I have had an opportunity to discuss and ask questions and I have answered all questions truthfully. By signing this waiver I confirm that it accurately reflects my wishes regarding disclosing confidential information and ex parte communication.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_ Initial here if participant refuses to sign waiver.

\_\_\_\_\_  
Signature of Defense Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Court Services Coordinator

\_\_\_\_\_  
Date

Original: Participant's Treatment Court File

Copies to: Participant

Probation Agent

District Attorney

Defense Attorney