



Conasauga Circuit Mental Health Court

Request to Graduate

Name: _____

Staff Use Only

	Cleared	Not Cleared
No positive drug screens for 90 days prior to phase change.	_____	_____
No unexcused absences from treatment for 90 days prior to phase change.	_____	_____
No sanctions within 90 days prior to phase change.	_____	_____
Current on program fees.	_____	_____
Employed full time; enrolled in education or vocational training.	_____	_____
If not employed full time, working part-time/volunteering/seeking employment	_____	_____
Overall behavior is one that can serve as a good role model to new participants.	_____	_____

I am requesting a review by the treatment team to graduate from Mental Health Court. I have completed the following tasks as required:

- _____ I have attended all scheduled appointments with a medical professional for purposes of receiving prescription medication and monitoring the effectiveness of the medication
- _____ I have attended on a timely basis and have been engaged during all recommended activities and/or appointments with the treatment provider
- _____ I have obtained and have taken all prescribed medications
- _____ I have reported for drug and alcohol screens as required
- _____ I have attended court sessions at least once per month as directed
- _____ I have adhered to a 11:00 p.m. curfew, unless otherwise directed by the Court
- _____ I have maintained adequate housing for at least 90 days prior to the completion of the program
- _____ I have maintained employment (only if that was on your case management plan), for at least 90 days prior to the completion of the program, OR
- _____ I have continued to find positive ways of spending spare time as approved by the Court
- _____ I am continuing to pay fees as established by the court and remain current on payment of those fees as well as any other costs established as part of the program
- _____ I have continued to meet with the Court Coordinator at least every two weeks and have made significant progress toward my goals
- _____ I have maintained and updated any changes in my contact information with the Court Coordinator
- _____ I have completed a plan for sustained health and life stability for the time after I have graduated from the program and made some progress in accomplishing that plan

- _____ I have not tested positive for any prohibited substance or have a sanction for at least 90 days before graduation
- _____ I have met with my treatment provider and the Court Coordinator and obtained approval to submit this request as evidenced by their signatures below
- _____ I have completed all five phases
- _____ I have completed the Graduation Form as advised and have submitted it for approval

Participant/Date _____

Treatment Provider/Date _____

Program Coordinator/Date _____

On a separate sheet of paper, answer the following questions. Use white, standard size paper, single-sided only. Please use black or blue ink only or type your responses. Include the questions when answering.

It is to your advantage to provide as much detail and information as possible when answering these questions. Make sure your name is on every page and remember this is a reflection of your time in the Mental Health Court.

1. Describe how being a participant in the MHC program has benefitted you.
2. How do you see yourself being able to contribute to society and our community?
3. What has been most challenging part of this program?
4. Describe the progress you have made while Participating in Mental Health Court.
5. Describe how you will maintain stability outside the boundaries of strict supervision. This should include ongoing stable housing, employment (if appropriate) and responsibility for your own well-being.

Judge's Signature

Date

Approved: _____

Denied: _____