61st District Court

Problem-Solving Court Program

PARTICIPANT HANDBOOK

Partners in Recovery and Justice Since 1999

2026 Edition

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Mission Statement

At the 61st District Court Problem-Solving Courts, our mission is to empower individuals affected by substance use to achieve lasting recovery and positive change. Through a collaborative, person-centered approach, we provide tailored treatment, education, and resources that foster personal growth, accountability, and well-being. Guided by compassion, justice, and community well-being, we support participants in their journey towards sustainable recovery and successful community reintegration.

Vision Statement

We envision a compassionate and just community where individuals overcome challenges and reach their full potential. Our holistic approach transforms lives, reduces recidivism, and enhances public safety by fostering healing, personal responsibility, and strong community connections.

Dear Program Participant,

Welcome to the 61st District Court Problem-Solving Court program! We're thrilled to have you with us on this journey. To assist you in reaching these goals, our program focuses on several key initiatives:

1. **Accurate Identification and Inclusion:** We conduct thorough assessments to ensure that individuals who can benefit from our program are included, giving you the opportunity to engage fully with the problem-solving courts.
2. **Personalized, Evidence-Based Treatment:** Our program employs evidence-based practices to support positive changes in behavior and lifestyle. We offer personalized treatment options, including counseling, medical care, support groups, and develop holistic care plans tailored to your unique needs.
3. **Structured Interventions for Positive Change:** We provide structured interventions designed to help you build the skills and support networks necessary for long-term recovery. These efforts are focused on fostering personal growth and resilience, enabling you to make meaningful progress on your recovery journey.
4. **Continuous Support and Monitoring:** We are committed to your long-term recovery by offering ongoing support, monitoring your progress, and adjusting care plans as needed. This support is crucial for reducing recidivism and sustaining recovery.
5. **Community Reintegration:** We support your reintegration into the community by offering job training, educational opportunities, and housing assistance. Our goal is to help you rebuild your life and become an active, engaged member of the community.
6. **Compassionate and Supportive Environment:** We strive to create a supportive environment that promotes healing and recovery through compassion and understanding. By replacing stigma with support, we aim to ensure you feel respected and valued.

And now, a message from the Chief Judge of the 61st District Court:

"Sobriety is a journey taken one day at a time. Each day is an opportunity to choose growth, to find strength, and to build a better future. No matter how difficult the path may seem, remember that every small step forward brings you closer to the life you deserve! Stay committed, stay focused, and believe in your ability to overcome. We believe in you and are here to support you in your journey."

- **Chief Judge Angela T. Ross**

The Team

Judge

- Oversees the treatment court program and leads status review hearings.
- Provides encouragement and sanctions to participants.
- Makes final decisions regarding participant progress and program completion.

PSC Coordinator

- Manages the day-to-day operations of the treatment court.
- Acts as a liaison between the court, treatment providers, and other stakeholders.
- Ensures compliance with program guidelines and policies.

Prosecutor

- Represents the state's interests while supporting the goals of the treatment court.
- Participates in team meetings to discuss participant progress.
- Ensures that public safety is maintained throughout the program.

Defense Attorney

- Advocates for the rights and interests of the participants.
- Helps participants understand the legal implications of the treatment court program.
- Ensures that participants' legal rights are protected.

Clinical Liaison

- Assessment and Diagnosis: Conducts comprehensive assessments to diagnose substance use and mental health disorders.
- Treatment Recommendation: Creates a tailored professional recommendation for addressing a client's mental health or social issues, based on the comprehensive assessment.
- Advocacy: Advocates for participants' needs within the legal and treatment systems.
- Collaboration: Works closely with the PSC team to monitor participants' progress.

Case Manager/Probation Officer

- Monitors participant compliance with treatment plan and clinical recommendations.
- Provides support and guidance to help participants achieve their goals.
- Supervises participants to ensure compliance with probation terms.
- Coordinates with treatment providers and reports on participant progress.
- Assists participants with accessing services and resources.

Peer Recovery Specialist/Coach

- Offers peer support and mentorship to participants.
- Shares personal recovery experiences to motivate and guide participants.
- Assists participants in navigating the recovery process.

Transportation

If your driver's license is suspended or revoked due to your criminal record, the court understands that transportation may be a challenge. However, lack of transportation cannot be used as an excuse for missing appointments. Please consider these resources when you enter the program.

The court can offer transportation resources at no cost, depending on current grant funding and availability:

- Ride the Rapid Bus Pass

Free Resources:

- DASH (Downtown Area Shuttle): The City of Grand Rapids provides DASH routes connecting key downtown destinations and parking lots. This service is free and available to the public.

Other Options:

- Carpooling: Arrange rides with friends, family, or colleagues.
- Ride-Sharing Services: Use apps like Uber or Lyft.
- Grand Rapids Bike and Scooter Share Program: Rent ebikes or escooters for travel within a 12-mile area of the city, including downtown. Download the Lime app to rent.
- Bicycles: Ride a personal or borrowed bicycle.
- Walking: Walk to your destinations if they are within a reasonable distance.

Treatment Court Restricted License

In some cases, participants in a treatment court program may be eligible for a restricted license, which allows you to drive under certain conditions.

To begin the process for a Sobriety Court restricted license, you must demonstrate compliance with program requirements, including providing negative drug and alcohol test results (excluding prescribed medications taken as directed). Continued use of alcohol or non-prescribed substances will delay your eligibility to begin the restricted license process. If alcohol or non-prescribed substances are used after a restricted license has been granted, the license may be revoked.

For information about your eligibility and the process for obtaining a restricted license, please speak with your case manager or probation officer.

Review Sessions

Participants will attend regular court review sessions with the judge. During these sessions, your case will be called, and you'll have the opportunity to provide updates, ask questions, and address any challenges you're facing. If you have a violation, you will meet with the defense attorney before the session starts to review your rights.

Where: 61st District Court, 180 Ottawa Ave NW, Grand Rapids, MI 49503

When: Court review sessions are held bi-weekly. Your attendance schedule will depend on your progress in the program.

Who: The treatment court team will generally be present in the courtroom. Please speak with a team member before or after the session if needed.

Courtroom Expectations:

- Treat everyone with respect.
- Remain quiet while the judge is speaking.
- Avoid using swear words or profane language.
- Refrain from bringing food or beverages into the courtroom.
- No cell phones or electronic devices.
- Do not sleep in the courtroom.
- Remain in court for the entire review session.

Frequency of Review Sessions by Phase:

- **Phase 1:** Twice a month
- **Phase 2:** Twice a month
- **Phase 3:** Once a month
- **Phase 4:** Once a month
- **Phase 5**: Every 6 weeks

Behavior Responses

Behavior Responses
In the treatment court program, constructive behavior is essential for both your success and the success of the program. Understanding and following behavior expectations helps create a respectful and effective environment for everyone involved. This page outlines the expected behaviors and the responses to various types of behavior.

Expected Behaviors

- Respectful Communication: Always communicate respectfully with the court team, other participants, and anyone involved in the program. Listen actively and respond thoughtfully.
- Punctuality: Arrive on time for all court sessions, meetings, and appointments. You must notify your case manager/probation officer if you are unable to attend any appointment as directed.
- Compliance: Follow all court orders, treatment recommendations, and program requirements diligently.
- Honesty: Be honest in all interactions with the court team and during your treatment. Transparency is crucial for progress and trust.
- Personal Responsibility: Take responsibility for your actions and decisions. Engage proactively in your treatment and address any challenges that arise.

Behavior Responses

Positive Behavior:

- Acknowledgment: Positive behavior, such as compliance with requirements and active participation, will be acknowledged and praised by the team.
- Incentives: You may receive incentives or recognition for demonstrating consistent positive behavior, including reduced court appearances, get out of court early coupons, gift cards, snacks, candy, and other small useful items.

Negative Behavior:

1. Minor Infractions
    - Warning: For minor infractions, such as being late one time or missing a single appointment, you may receive a verbal or written warning.
    - Additional Requirements: You may be asked to complete additional tasks or attend extra sessions to address minor issues.

2. Moderate Infractions
    - Review: Moderate infractions, such as repeated tardiness or failure to comply with treatment recommendations, will be reviewed with the court team.
    - Consequences: You may face additional consequences, such as community service or increased reporting requirements, to address these issues.
3. Serious Infractions
    - Meeting: Serious infractions, such as violations of court orders or dishonesty, will be discussed in a court session with the judge and treatment team.
    - Sanctions: Serious consequences may include formal sanctions, increased supervision, or extended program length. In extreme cases, jail and/or termination from the program may be considered.
4. Continued Alcohol/Substance Use
    - Increases in treatment, including screening for residential care, intensive outpatient and/or recovery housing.
    - Sanctions: Delay in obtaining restricted license, or revocation of active restricted license, delay in phase promotion.

Your behavior in the treatment court program significantly impacts your progress and success. By adhering to the expected behaviors and addressing any infractions constructively, you contribute positively to your recovery journey and the overall effectiveness of the program.

Support and Resources

The treatment court team is here to support you through challenges and setbacks. If you encounter difficulties or need assistance, please reach out to your case manager/probation officer. They can provide guidance and resources to help you stay on track and successfully navigate the program.

Communication is key! We encourage you to ask questions.

Medications

Upon entering the program, you will need to report all current prescriptions, as well as any new ones that may be prescribed in the future. It is encouraged that you inform your physician(s) about your participation in the treatment program.

- Reporting Requirements: You must inform your case manager/probation officer of all emergency room visits, scheduled surgeries, post-operative care, and doctor visits.
- Medical Documentation: If any medical visits cause you to miss a drug test, appointment, or court review hearing, you MUST provide medical documentation BEFORE your next court review hearing. Always request a summary of services from each medical visit.
- Timely Submission: Failure to submit the required paperwork in a timely manner may result in an unexcused absence.
- **Medical Marijuana:** Medical marijuana cards will **NOT** be accepted while participating in treatment courts until the following steps occur:
    - The court receives a treatment plan from your medical provider.
    - A hearing is scheduled and held.
    - Your primary care physician provides testimony during the hearing confirming the medical need for marijuana.

Medication for Addiction Treatment (MAT):
You may be evaluated for Medication for Addiction Treatment (MAT) either upon your request or as a recommendation from the treatment court clinician. MAT involves the use of FDA-approved medications to help manage substance use disorders. MAT is used to:

- Reduce Cravings: Help minimize cravings for substances.
- Prevent Relapse: Support long-term recovery by reducing the risk of relapse.
- Stabilize Brain Chemistry: Aid in stabilizing brain function and reducing withdrawal symptoms.
- Improve Treatment Outcomes: Enhance the effectiveness of other therapeutic interventions.

MAT can be an important component of a comprehensive treatment plan, helping to support your recovery journey.

Phases

The PSC program is a supportive, five-phase process designed to last approximately 15 to 24 months, based on individual progress. Each phase features specific treatment goals, objectives, and requirements that guide you toward success. Detailed information about each phase can be found on the following pages. Please note that while the phases provide a general framework, individual goals may vary based on your starting point. The team will provide recommendations tailored to your unique needs.

Your progress in the program is shaped by your efforts. Honesty, attending appointments, and following treatment and team recommendations are essential. Your commitment and actions will guide your journey through the program.

We are here to support you every step of the way as you work toward your goals.

One day at a time...

Phase 1 **Color: Black**	**Supervision** • Drug and alcohol testing • Probation Case Plan • Court review hearings: biweekly – in person • Meet with PO/Case manager: weekly– in person **Treatment** • Establish treatment plan • Address needs: housing, transportation, healthcare.	**Phase Advancement Requirements** • Recovery Meetings 3 times/week in person • Established treatment plan • Obtain stable, drug-free housing • Compliance with treatment • Compliance with supervision • Complete recovery capital worksheet • Complete phase request • Abstinence/no positive drug/alcohol tests

Phase 2 **Color: White**	**Supervision** • Drug and alcohol testing • Court review hearings: biweekly • Meet with PO/Case manager: biweekly – in person **Treatment** • Attend treatment as directed by treatment provider – including ancillary treatment services such as peer support group meetings. • Address needs: housing, transportation, healthcare.	**Phase Advancement Requirements** • Recovery Meetings 3 times/week in person • Compliance with supervision. • Compliance/ engagement with treatment • Maintain stable, drug-free housing • Review/update case plan • Complete recovery capital worksheet • Complete phase request • Abstinence/no positive drug/alcohol tests

Phase 3 **Color: Silver**	**Supervision** • Drug and alcohol testing • Court review hearings: monthly • Meet with PO/Case manager: every 3 weeks **Treatment** • Adhere to treatment plan • Establish pro-social activity • Establish recovery network • Address any other concerns; housing, transportation, employment, finances, healthcare.	**Phase Advancement Requirements** • Recovery Meetings 3 times/week in person • Compliance with supervision. • Compliance/engagement with treatment • Maintain stable, drug-free housing • Establish recovery network/pro-social activities • Complete relapse prevention plan • Complete recovery capital worksheet • Complete phase request • Abstinence/no positive drug/alcohol

Phase 4 **Color: Gold**	**Supervision** • Drug and alcohol testing • Court review hearings: monthly • Meet with PO/Case manager: once monthly **Treatment** • Adhere to treatment plan • Address any other concerns; housing, transportation, employment, finances, healthcare.	**Phase Advancement Requirements** • Recovery Meetings 3 times/week in person • Compliance with supervision. • Compliance/ engagement with treatment plan. Maintain stable, drug-free housing • Maintain pro-social activity • Maintain recovery network • Review/update case plan • Complete recovery capital worksheet • Complete phase request • Start Community Service • Abstinence/no positive drug/alcohol tests

Phase 5 Color: Bronze	**Supervision** • Drug and alcohol testing • Court review hearings: Every 6 weeks – may attend via Zoom • Meet with PO/Case manager: once monthly • Address community service **Treatment** • Adhere to treatment plan • Address any other concerns; housing, transportation, employment, finances, healthcare. • Develop Recovery and Support Plan **Graduation/your final review session must be in person**	**<u>Graduation</u> Requirements** • Recovery Meetings 3 times/week in person • Compliance with supervision. • Compliance/ engagement with treatment plan. Maintain stable, drug-free housing • Maintain pro-social activity • Maintain recovery network • Articulate Recovery and Support plan • Complete recovery capital worksheet • Complete vision board • Complete aftercare plan • Abstinence/no positive drug/alcohol tests for at least **<u>90 consecutive days</u>**

I have reviewed the above phases with my probation officer and understand what is expected of me in each phase of the program to advance.

_____	_____	_____
Participant Signature	PO Signature	Date

Graduation

Graduation signifies the successful completion of your treatment court program and a significant milestone in your recovery journey. To graduate from the program, you must:

- Fulfill all probation requirements, and complete all program phases and treatment goals.
- Achieve at least 90 consecutive days of sobriety.
- Receive a recommendation for graduation from the Problem-Solving Court team.

Graduation day: Your graduation ceremony will take place during a treatment court session. We warmly encourage you to invite loved ones and anyone you'd like to celebrate with you. This special event will honor your achievements, reflect on your progress, and give you the opportunity to share your journey.

Termination Criteria

You are encouraged to fully engage with the program to achieve your recovery goals. If, despite our best efforts to support your progress, there is a consistent pattern of not meeting program expectations, including adherence to the recommended treatment plan, termination from the program may be considered. This decision is made by the treatment court judge, who will carefully consider all aspects of your participation and progress.

Our goal is to offer every opportunity for your success and to support you throughout your journey.

This program has been funded by the City of Grand Rapids and a grant from the State Court Administrative Office. Points of view expressed in this document are those of the author and do not necessarily represent the official position or policies of the state of federal government.

Conclusion

Thank you for reviewing this handbook! Your commitment to the treatment court program is a vital step toward recovery.

Below are comments from past program participants, reflecting on their experiences and the impact of the program.

"Treatment court taught me how to cope with difficult situations and truly made my life better. I owe so much gratitude to the team for all my blessings," S.R.

"Treatment court allowed me to continue being a mother and take care of my family by understanding that I'm human, just like everyone else. We all deserve a second or third chance in life. The courts work for you, if you work for yourself," T.J.

"If you dedicate yourself to the treatment court program it WILL work," S.Z.

"Being in this program has allowed me to grow into the person I always dreamed of becoming, achieving goals I once only imagined. Now, after the program, I'm still actively working on those goals. Overall, it brought happiness and peace to my life," M.C.

"I once lost everything that was precious to me, but I've been able to regain it because of treatment court and recovery. Not only that, but I'm so much better now because I'm truly grateful for everything this time," R.H.

And finally, some words from a program graduate for someone just starting their journey:

"The key to opening the door to sobriety is being honest with yourself and with others who are dealing with similar challenges. Your honesty could inspire someone else in the program to speak up and be truthful as well," C.M.

Recovery Capital Screener (RCS-36)

ID:

DATE:

Answer the 36 questions by placing a "1" in the AGREE column if your answer is "YES".

			Assessment Questions	AGREE	Subtotal	TOTAL + / -
Personal Capital	Global Health & Wellness	1	I have enough energy to complete the tasks I set for myself.*		+	
		2	In general I am happy with my life .*			
		3	I cannot engage in physical exercise that is appropriate for me .		-	
		4	I need (additional) professional help around my physical / mental health.			P1
	Citizenship	5	I take full responsibility for my actions.*		+	
		6	I contribute to the wellbeing of my community.			
		7	I am currently in trouble with the police or have done things that could get me into trouble with the police.		-	
		8	I need (professional) support to help me avoid trouble with the law.			P2
	Sobriety	9	There are more important things in life for me than drinking or using drugs.*		+	
		10	I regard my life as challenging and fulfilling without the need for using drugs or alcohol.*			
		11	I have used alcohol / illicit drugs problematically.		-	
		12	I am not making good progress on my recovery journey.*			P3

*BARC-10 Question

Calculate TOTAL by subtracting the "-" Subtotal from the "+" one.

Personal Capital Total PT

			Assessment Questions	AGREE	Subtotal	TOTAL
Social Capital	Intimate Relationships	13	I am happy with my personal life.		+	
		14	I have a special person that I can share my joys and sorrows with.			
		15	I am currently in a relationship that makes me feel unsafe.		-	
		16	I need support in my main personal relationship.			S1
	Family Relationships	17	I am satisfied with my involvement with my family.		+	
		18	I get the emotional help and support I need from my family.			
		19	My family is a barrier to my recovery.		-	
		20	I need support in improving my family relationships.			S2
	Friendships	21	I get lots of support from my friends.*		+	
		22	I have lots of close friends.			
		23	My friends are a barrier to my recovery.		-	
		24	I need support to allow me to build more satisfying relationships.			S3

*BARC-10 Question

Calculate TOTAL by subtracting the "-" Subtotal from the "+" one.

Social Capital Total ST

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Recovery Capital Screener (RCS-36)

ID:

DATE:

Answer the 36 questions by placing a "1" in the AGREE column if your answer is "YES".

			Assessment Questions	AGREE	Subtotal	TOTAL + -
Community Capital	Recovery Community	25	I have a network of people I can rely on to support my recovery.		+	
		26	I attend recovery group meetings on a weekly basis or more frequently.			
		27	I have not been involved in work, training, education, or volunteering.		-	
		28	I need additional support from recovery groups and communities.			C1
	Wider Community	29	I am proud of the community I live in and I feel part of it.*		+	
		30	I belong to a number of groups in my local community (e.g., faith-based, youth, sports).			
		31	My living space has been a barrier to my recovery.*		-	
		32	I need professional help to fulfill basic daily tasks (e.g.' cleaning my home, getting to appointments).			C2
	Professionals	33	I am happy dealing with a range of professional people.*		+	
		34	I have access to opportunities for career development (e.g., job opportunities, volunteering, or apprenticeships).			
		35	I am not registered with a primary care doctor or a dentist.		-	
		36	I have additional support needs around (at least one of) housing, education, employment, or legal services			C3

Calculate TOTAL by subtracting the "-" Subtotal from the "+" one.

*BARC-10 Question

Community Capital Total CT

R1 Score: Transfer your scores to the table below and calculate your final R1 Score.

Use the QR Code to link to R1 to interpret your score.

Recovery Capital Dimensions	Sub-Dimensions	SubTotals	Dimension Totals	R1 SCORE
Personal Capital My personal internal resources such as my skills, values, health, and aspirations; and my external resources such as property and money	Global Health & Wellness	P1	PT	PT+ST+CT
	Citizenship	P2		
	Sobriety	P3	P1+P2+P3	
Social Capital My social resources and support from relationships with my social networks that require commitment or obligations (such as intimate relationships, family, friends, co-workers, and other social groups)	Intimate Relationships	S1	ST	R1 RCS-36 SCAN TO INTERPRET YOUR R1 SCORE
	Family Relationships	S2		
	Friendships	S3	S1+S2+S3	
Community Capital My access to local community resources such as housing, training, employment opportunities, transportation, and recovery community organizations	Recovery Community	C1	CT	
	Wider Community	C2		
	Professionals	C3	C1+C2+C3	

APPLICATION FOR PHASE 2:

Participant Name:_____

Admissions Date:_____

Have you established a Clinical Care Plan: Yes/No

Have you established a Probation Care Plan: Yes/No

Have you met with the Recovery Coach (Angela) yet: Yes/No

What are your goals for Phase 2?

_____

_____

_____

Did you complete your Recovery Capital Worksheet: Yes/No *Attach to Application*

Which areas of recovery capital do you need to improve on? (i.e., personal capital, social capital, community capital)

_____

_____

_____

Where are you attending recovery meetings and how frequently are you attending?

_____

_____

Who is your therapist and which services are you participating in? (For example, individual therapy, group therapy, grief group)

_____

_____

_____

Participant Signature:_____

Date Received:_____

Reviewed By:_____

APPLICATION FOR PHASE 3:

Participant Name:_____

Phase 2 Date:_____

Have you reviewed/updated your Clinical Care Plan: Yes/No

Have you reviewed/updated your Probation Care Plan: Yes/No

What goals did you accomplish during Phase 2? Which goals do you still need to work on during Phase 3?

_____

_____

_____

Did you complete a new Recovery Capital Worksheet: Yes/No *Attach to Application*

Which areas have improved since your last Recovery Capital Worksheet?

_____

_____

Which areas of the Recovery Capital Worksheet do you still need to work on?

_____

_____

Do you have stable employment? If not, what steps are you taking to secure adequate employment?

_____

_____

Who is your therapist and which services are you participating in? (For example, individual therapy, group therapy, grief group)

_____

_____

Participant Signature:_____

Date Received:_____

Reviewed By:_____

APPLICATION FOR PHASE 4:

Participant Name:_____
Phase 3 Date:_____

Did you complete your Relapse Prevention Plan? Yes/No *Attach to Application*
If yes, did you review it with your therapist? Yes/No Date Reviewed:_____

Have you obtained a sponsor or sober support person? Yes/No
If yes, how often do you meet and/or speak with them each week:_____

Have you established a pro-social activity (For example, community service, playing sports, book club)? Yes/No
If yes, what is it?_____

What goals did you accomplish during Phase 3? Which goals do you still need to work on during Phase 4?

_____
_____
_____

Did you complete a new Recovery Capital Worksheet: Yes/No *Attach to Application*
Which areas have improved since your last Recovery Capital Worksheet?

_____
_____

Which areas of the Recovery Capital Worksheet do you still need to work on?

_____
_____

Who is your therapist and which services are you participating in? (For example, individual therapy, group therapy, grief group)

_____
_____
_____

Participant Signature:_____

Date Received:_____
Reviewed By:_____

APPLICATION FOR PHASE 5:

Participant Name:_____
Phase 4 Date:_____

Have you reviewed/updated your Clinical Care Plan: Yes/No
Have you reviewed/updated your Probation Care Plan: Yes/No
Have you started community service? Yes/No
If yes, where and how many hours per week:_____

Have you paid your fines/costs? Yes/No What is the current balance?_____

What goals did you accomplish during Phase 4? Which goals do you still need to work on during Phase 5?

_____
_____
_____

Did you complete a new Recovery Capital Worksheet: Yes/No *Attach to Application*

Which areas have improved since your last Recovery Capital Worksheet?

_____
_____

Which areas of the Recovery Capital Worksheet do you still need to work on?

_____
_____

Who is your therapist and which services are you participating in? (For example, individual therapy, group therapy, grief group)

_____
_____

Are you maintaining contact with your sponsor/sober support person? Yes/No

Are you continuing to engage in a pro-social activity? Yes/No
If yes, what are you doing?_____

Participant Signature:_____

Date Received:_____
Reviewed By:_____

APPLICATION FOR GRADUATION

Participant Name:_____
Admissions Date: _____
Phase 5 Date:_____
Length of Sobriety: _____

Have you completed your Vision Board? Yes/No Date submitted if yes:_____

Have you completed your Aftercare Plan? Yes/No *Attach to application*

What has been the most rewarding aspect of your time in Sobriety Court?

_____
_____
_____

What has been the most challenging aspect of Sobriety Court for you? How did you accomplish it?

_____
_____
_____

Did you complete your final Recovery Capital Worksheet: Yes/No *Attach to Application*

Which area of your Recovery Capital increased the most throughout the program?

_____
_____

What are your long-term goals after Sobriety Court?

_____
_____

Do you intend on bringing family/friends to your graduation? Yes/No
If yes, who?_____
If no, why not? _____

Participant Signature:_____

Date Received:_____
Reviewed By:_____

RELAPSE PREVENTION PLAN

I, _____, will actively implement this plan to maintain a recovery lifestyle.

Date: _____

My Internal Triggers Are	My Strategies To Address Are
1.	
2.	
3.	

My External Triggers Are	My Strategies To Address Are
1.	
2.	
3.	

My Risks Are (examples: attitudes/beliefs, substance abuse, employment, education, peers, leisure activities, family/relationships)	What I Am Doing to Address Them
1.	
2.	
3.	

Barriers Or Challenges To My Success (examples: depression, anxiety, ADD, low self-esteem, motivation, unresolved trauma, immaturity, physical health)	What I Am Doing To Address Them
1.	
2.	
3.	

My Physical Sensations / Warning Signs (fight, flight, or freeze: what happens in your body when triggered)
1.
2.
3.

When I Experience An Urge or Craving, I Will…
1.
2.
3.

My Accountability Support System (people who care about you and hold you accountable)	How They Help Me
1.	
2.	
3.	

My Positive Leisure Activities
1.
2.
3.

My Strengths and Positive Attributes (qualities that protect my recovery)
1.
2.
3.

Areas I Need To Continue Working On
1.
2.
3.

What I Will Continue Doing To Maintain Sobriety (be specific)
1.
2.
3.

Other Goals	How I Will Achieve Them
1.	
2.	
3.	

Write a summary of what happened to you leading to sobriety court, what has changed for you, and where you are headed

Name: _____

Please answer the following questions regarding your ongoing recovery plans after you are discharged. Describe your plan including who, what, where, and when. Be as precise as you can in the spaces provided.

61st District Sobriety Court Recovery and Support Plan

Describe your feelings regarding discharge from Sobriety Court
Describe your support system (People who you can call who you trust and speak with honestly)
Do you have a sponsor?☐ Yes☐ No If yes, please explain how you work together and what step you are working. If no, what are your thoughts regarding obtaining a sponsor?
What support meetings will you attend? How often will you attend, and how will you get there? Include specific meetings (i.e. 12-step, home group, faith based etc.)

Description of Relapse

a.	d.
b.	e.
c.	f.

_ How do you plan on avoiding a relapse with these identified triggers?

a.	d.
b.	e.
c.	f.

Physical and Mental Health

How will you support your physical health? (Specify arrangements made with your doctors and include how you will stay healthy with exercise, diet, etc.)
Where will you continue aftercare, counseling, mental health services? (Include name of program, type of counseling or therapy, counselor or therapist name, days & times you will attend)

Housing

Where will you be living and who will you live with? Is this a safe, comfortable, clean and sober environment?

Financial/Employment/Education

What will you do for financial support? (Employment, job searching, or other methods of supporting yourself)
What will you do to continue your education or improve your job skills? (Vocational training, school, etc.)

Other

Do you have any additional issues or concerns? How will you address additional issues or concerns?

☐ **Client was given a copy of the**

Participant Printed Name	**Signature**	**Date**
61st District Court Team Member - Name	**Signature**	**Date**