

**Kenosha County Drug and Alcohol Treatment Court  
Request for Advancement to Phase III**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Why do you feel you are ready to phase up to level III?**

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**What have you learned about yourself since you have been in drug court? List at least 3 things**

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**What are your plans to help you be successful in phase III?**

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