



Augusta Judicial Circuit
Administrative Office of the Courts

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Honorable James G. Blanchard, Jr.
Superior Court Judge

Application to Phase-Up

Date: _____

Participant's Name: _____

APPLICATIONS MUST BE TURNED IN FULLY COMPLETED BY 7 PM MONDAY PRIOR TO COURT.

Applications received that are not fully completed will not be accepted, delaying your phase-up. Send your application to ajcdcsr@gmail.com.

YOU MUST MEET THE FOLLOWING CRITERIA TO PHASE UP

Yes No

You have completed the amount of days required for your phase:

Phase 1	3 Months/92 days
Phase 2	4 months/122 days
Phase 3	5 months/152 days
Phase 4	6 months/182 days
Phase 5	6 months/182 days

Yes No

If you relapsed, you must complete at a minimum 30 days clean from the date you returned to treatment

Yes No

You are making progress with your treatment assignments (relapse prevention plan, getting a mentor or sponsor if needed, MRT steps, additional treatment and/or evaluation like mental health / domestic violence, anger management,

Counselor's Signature: _____

Yes No

You have 30 days program compliance (totally sanction-free)
(you can contact Mrs. Karonica Hurndon for your official last sanction date if you do not know what it is)

Yes No

You have a zero balance in program fees & up to date on restitution fees {if applicable}

Yes No

To the best of my knowledge, I do not have any outstanding legal matters/cases/warrants in any other jurisdiction other than some financial obligations. If I know I have a warrant, please list where / charge / why: _____

Yes No

If applicable, started / completed any other required conditions and/or in good standing with other probation/court orders(DOC/District Court Probation/Child custody/EHC, DV tx, etc)
Probation / Social Worker Verification signature _____

Identify 3 personal goals that you would like to accomplish in the next few months
(Attach treatment plan if you'd like)

- o _____
- o _____
- o _____

Sponsor's Name: _____ Sponsor's Number: _____

Treatment Recommendation:

Counselor's Signature: _____

Date Submitted for Review: _____

Participant's Signature Date: _____

Counselor's Signature Date: _____

Administrative Signature Date: _____

****Forms received after the deadline will not be considered until the following month.**