

PARTICIPANT'S NAME: _____

ANTICIPATED GRADUATION DATE: _____



Augusta Judicial Circuit Drug Court Graduation Petition



INSTRUCTIONS:

1. ALL REQUIREMENTS OF THE GRADUATION PETITION MUST BE COMPLETED IN FULL.
2. PETITIONS MUST BE TURNED IN BY THE LAST DAY OF THE MONTH PRIOR TO THE GRADUATION DATE.
3. REMAINING PROGRAM FEES AND/OR RESTITUTION BALANCES ARE REQUIRED TO BE PAID IN FULL BY THE PETITION DUE DATE.
4. FAILURE TO FOLLOW THESE INSTRUCTIONS WILL PREVENT YOU FROM GRADUATING.

ELAINA ASHLEY * ADULT FELONY ACCOUNTABILITY COURT PROGRAM COORDINATOR
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Augusta Judicial Circuit SUPERIOR COURT * 735 JAMES BROWN BLVD., SUITE 2200 AUGUSTA, GA 30901

UPDATED 03/28/2016



Augusta Judicial Circuit
Administrative Office of the Courts

Honorable James G. Blanchard, Jr.
Superior Court Judge

Elaina Ashley
Accountability Court Coordinator
Augusta Judicial Circuit
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DRUG COURT GRADUATION PETITION

Graduation Criteria

Participants must have met all of the following criteria to graduate from the drug court program:

1. Successful completion of all program/probation requirements;
2. Satisfactory completion of all program phases [have to be in phase 5 in order to graduate];
3. All program fees and restitution paid in full no later than the last day of the month PRIOR to the graduation date;
4. 1 year of continuous clean drug screens;
5. Completion of an aftercare plan; and
6. You are required to mail a letter to the individuals listed below. You will be required to submit proof that a letter has been mailed to each individual as well as attach a copy of the letter to your petition. Failure to do so will delay your graduation until it has been completed [MUST BE at least one full page and COMPLETED & SUBMITTED 30 DAYS BEFORE GRADUATION]

Proof of mailing	Individual	Address
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mayor Hardie Davis, Jr.	530 Greene St # 806, Augusta, GA 30901
<input type="checkbox"/> Yes <input type="checkbox"/> No	William Fennoy	1027 Dugas Street Augusta, GA 30901
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dennis Williams	2590 Richmond Hill Road Augusta, Georgia 30906
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mary Davis	813 Windsor Court Augusta, GA 30909
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sammie Sias	3839 Crest Drive Hephzibah, GA 30815
<input type="checkbox"/> Yes <input type="checkbox"/> No	Andrew Jefferson	2653 Portsmouth Place Hephzibah, GA 30815
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ben Hasan	3529 Monte Carlo Drive Augusta, GA 30906
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sean Frantom	642 Canterbury Drive Augusta, GA 30909
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wayne Guilfoyle	4940 Windsor Spring Rd. Hephzibah, GA 30815
<input type="checkbox"/> Yes <input type="checkbox"/> No	Marion Williams	1941 Kratha Drive Augusta, GA
<input type="checkbox"/> Yes <input type="checkbox"/> No	Grady Smith	810 Quail Ct. Augusta, GA 30909
<input type="checkbox"/> Yes <input type="checkbox"/> No	DA Natalie Payne	735 James Brown Blvd Suite 2400 Augusta, GA 30901

Participant Graduation Criteria Status

Participants must complete the following information in full:

1. Participant's Entry Date: _____

1. All program requirements (phases, treatment goals, etc.) have been met: YES NO
2. All court ordered restitution has been paid in full: YES NO Balance: _____
3. All drug court program fees have been paid in full: YES NO Balance: _____
4. 1 year of continuous clean drug screens: YES NO Date of Last Positive: ____/____/____
5. Completed graduate survey (next section): YES NO
6. Completed aftercare plan attached: YES NO
7. Mailed your letter to all individuals listed: YES NO

GRADUATION SURVEY

Participants must have complete the following information in full:

1. Reflecting on your time in the Drug Court Program, what can you identify as challenges that you faced?

2. What are the major achievements that you have made while in the program?

3. Describe how you feel Treatment provided aided in your success:

4. Would you like to stay in touch with the Drug Court Program by attending alumni events and/or mentoring?

5. Are there certain things that you think you could help with or services that you could provide?

CONTINUING CARE PLAN

In order to maintain a clean and sober lifestyle, I recognize that I will need to have a plan that allows me to continue the progress that I have made to this point. I will need to have a solid social support system in place that will include a sponsor and I will be in contact with my sponsor at least once a week. I also recognize the need to have a meeting planned for any given day of the week and the following are meetings I can attend if I need to (weekly schedule):

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

At the following location(s): _____

I also recognize the need to have positive leisure/recreational outlets in order to maintain a balanced, healthy lifestyle. The following are ways that I will have fun in my recovery (list at least seven):

Change is a necessary component of anyone's life if they intend to grow and the following are things that I will continue to work on so that I may become healthier and happier (list at least three):



I understand that my graduating from the Drug Court Program is merely the beginning. I recognize that there is still work to do and I commit myself to doing it. I am committed to maintaining a drug-free, law-abiding lifestyle and look forward to the future and my continued success. I also understand that I am welcome to participate as a Drug Court Program mentor and to participate in alumni group meetings.

Participant's Signature

Date

Received by [Drug Court Representative]

Date

All required proof and documents have been received on: _____

Date