

UTAH COUNTY SHERIFF'S OFFICE

Utah County Probation



REQUEST FOR PHASE _____ ADVANCEMENT

Name: _____

Date: _____

Advancement Requirements

I have maintained sobriety for a minimum of 30 days:	Yes _____ No _____ N/A _____
I have obtained and/or maintained a stable place of residence:	Yes _____ No _____ N/A _____
I am in compliance with my treatment plan:	Yes _____ No _____ N/A _____
I have obtained/maintained employment and/or education classes:	Yes _____ No _____ N/A _____
I have obtained a means of transportation:	Yes _____ No _____ N/A _____
I am current on my probationary obligations: (i.e. fines, restitution, community service, court, etc.)	Yes _____ No _____ N/A _____

By signing below, I agree to continue following all the rules and requirements of the Utah County Probation program. Additionally, I will continue to fully participate in the treatment recommendations and submit to drug/alcohol testing, according to my UA color, assigned by the Wasatch Behavioral Health case manager. However, these changes may be modified or revoked, at the discretion of UCP staff or my case manager, if I fail to follow any of the rules or requirements of my probation.

Applicant Signature Date

DO NOT WRITE BELOW LINE – STAFF USE ONLY

Advancement Result

Approved _____ **Denied** _____ Explanation: _____

- Check-in with UCP deputies **at least** – Every two weeks / Monthly / As Needed
- Your new curfew is – 10:00pm / 11:00pm / No curfew / Other _____
- Your UA color is _____

Case Manager Date UCP Supervisor Date