

UTAH COUNTY SHERIFF'S OFFICE

Utah County Alternative 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 Alternative 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 UCAP 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 UCAP 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

UCAP Supervisor

Date