

Chippewa County Recovery Court Relapse Prevention Plan



Name: _____ Date: _____

Dates Requesting Pass for: _____

Where will I be going and what will I be doing: _____

Who will I be with: _____

Who can I contact if I am in a dangerous situation (Provide name and phone numbers):

- _____
- _____
- _____
- _____

When and Where are meetings I will be attending:

- _____
- _____
- _____
- _____

People, places, and things I need to avoid:

- _____
- _____
- _____
- _____

Some warning signs I am aware of are:

- _____
- _____
- _____
- _____

I commit to the following if I start to experience triggers and/or cravings:

- _____
- _____
- _____
- _____

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Recovery Court Team's Decision

- ☐ Approved
☐ Denied

Comments: _____

Entered "**Holiday**" in Sentry _____