GRIFFIN JUDICIAL CIRCUIT ADULT FELONY DRUG COURT
TRAVEL / EVENT REQUEST FORM

Participant Name:		**Date Submitted:**
Individual Therapist:		**Phase:**

REQUEST DETAILS

Reason for request: ☐ **Vacation** ☐ **Event** ☐ **Life Event** (births, graduations, funerals, deaths, hospice care or life events where the attendee's presence is essential and cannot be substituted)

Explain the reason for your request:

_____

_____

_____

TRAVEL / EVENT TIMEFRAME

Vacation travel must begin after court session. Court dates may not be missed for vacation

Departure date and time: _____ at _____AM PM

Return date and time: _____at _____ AM PM

Event Time: _____ AM PM

Name(s) of people with whom you are traveling or attending the event:

_____

_____

_____

If traveling, list the full address where you will stay. If attending an event, list the location, date, and time:

_____

_____

_____

PROCESS

1. Submit this request to your Case Manager/Coordinator. The court team will review it and forward it to your Individual Therapist and Treatment Coordinator.

2. Your therapist will review treatment compliance and check for conflicts with upcoming individual and group sessions, then return the request to the Case Manager/Coordinator with a response.

3. Your Case Manager/Coordinator or the Judge will notify you whether the request is approved or denied

REVIEW

Case Manager Name:		**Compliant:**	☐ YES ☐ NO
Signature		Date:	
Treatment:		**Decision:**	☐ APPROVED ☐ DENIED
Signature		**Date:**	

CONTACTS		
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