



**Griffin Judicial Circuit Adult Felony Drug Court**  
**Special Event / Curfew Request/ Travel Request Form**

**Today's Date:** \_\_\_\_\_

**Participant Name:**\_\_\_\_\_ **Phase:** \_\_\_\_\_

**Are you compliant with Drug Court:**\_\_\_\_\_ **Fee Balance: \$**\_\_\_\_\_

**Event / Destination Requesting to Attend:**

\_\_\_\_\_

**Event /Travel Dates and time:**

\_\_\_\_\_

**Name(s) and Number(s) of people with whom you are traveling / attending event:**

\_\_\_\_\_

\_\_\_\_\_

**Purpose of event / travel request:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Reviewed by Treatment Provider:** \_\_\_\_\_

**APPROVED / DENIED (circle one)      DATE:**\_\_\_\_\_

Email completed request form to case manager. Once received, the request will be forwarded to the team for review.

By completing this form, you are giving permission to your therapist to discuss your trip request with the people on this form and waiving HIPAA requirements.