State Court of Fulton County Recovery Treatment Court Program

Travel Request Form

Thank you for submitting your travel form. Please note that travel forms must be submitted **at least 14 days prior to your intended travel date**.

Your travel request is **not approved** until you receive a decision from your case manager.

All travel forms should be submitted to **duicourt@fultoncountyga.gov**.

Participant Name: _____

Phase: _____ Days Sober: _____ 12-Step Meetings attended this week: _____

Sponsor: Yes____ No____ DUI Court Fees owed: _____ Employer: _____

Missed court sessions (unexcused): _____ Missed treatment sessions (unexcused): _____

Destination: _____ Means of transportation: _____

Dates of leave: From: _____ To: _____ Reason for Request: _____

Address where I will be staying: _____Phone #: _____

Court date I will miss: _____

Treatment session(s) I will miss: _____

Date of make-up treatment session(s): _____

_____ _____

Participant Signature Date

RECOVERY TREATMENT COURT STAFF ONLY

____ Approved ____ Denied

_____ _____

Staff Signature Date

Comments: _____

Updated: October 10, 2025