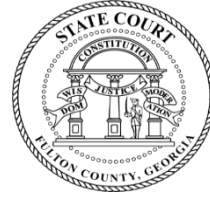


# State Court of Fulton County Recovery Treatment Court Program



## Travel Request Form

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_