St. Charles Parish Drug Court

TRAVEL REQUEST

name			

Participants who desire to be out-of-town for more than 24 consecutive hours must submit this application and receive prior approval from the Drug Court Judge or Drug Court Coordinator. If subject to supervision by the Department of Public Safety, additional approval may be required by your probation officer.

LEAVE REQUESTED										
departure date		time		return dat	re		time			
DESTINATION(S)										
destination 1 addres	SS .		contact phon	contact phone #						
destination 2 addres	SS .		contact phon	contact phone #						
destination 3 addres		contact phon	contact phone #							
REASON FOR TRAVEL										
participant signature da						date				
			INTERN	IAL USE						
participant's current phase	IOP	application	continuir	ig care	# days in phas	е	last sanction date			
NOTES/SPECIAL INSTRUCTIONS										
APPROVED	DENIED	Judge/Coordinato	r signature			date				
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