

# TROUP COUNTY DUI/DRUG COURT

Before any participant is granted a leave of absence from the obligations of his/her duties to the Troup County Drug Court, you must fill out this form and submit it to your coordinator.

Participant Leave

I, \_\_\_\_\_, am  
requesting permission from the Troup County Drug Court Team to travel to  
\_\_\_\_\_ (destination) for  
the date(s) of \_\_\_\_\_ through \_\_\_\_\_.

Curfew Extension

I am requesting a curfew extension on \_\_\_\_\_ (date)  
until the time of \_\_\_\_\_.

**Please complete all required information below prior to submitting.**

Purpose of Travel/Curfew Extension: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

APPROVED

DENIED

Team Member Signature/Date: \_\_\_\_\_

**NOTE: Request must be turned in two weeks in advance.**