

ADULT DRUG COURT
SAMPLE
REQUEST FORMS



Twelfth Judicial District, Adult Drug Court

Request for Leave

Client Name: _____ Date of Request: _____

Departure Date/Time: _____ Return Date/Time: _____

Accompanied By/Relationship: _____
Name Relationship to Client

Residing With/Relationship: _____
Name Relationship to Client

Location During Absence: _____
Physical Address Phone number

Purpose of Leave: _____

My whereabouts may confirm by: _____

I understand that while on leave, it is my responsibility to ensure that the ADC can confirm my whereabouts and with whom I am staying. I understand that I may not be credited for any program time while on leave status. Any emergency changes must have the *prior* approval of my supervising officer. Any violation of the conditions of this leave can result in serious consequences.

Signature of Client

Supervising Officer

District Attorney

Defense Attorney

Treatment

Surveillance

- Denied
- Approved under the following conditions: _____

ADC Judge