

Juvenile Drug Court
Sample
Request Forms



Twelfth Judicial District, Juvenile Drug Court

Emergency Contacts:

Request for Leave

Client Name: _____ Date of Request: _____

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

Accompanied By/Relationship: _____

Residing With/Relationship: _____	Name	Relationship to Client
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Location During Absence: _____	Name	Relationship to Client
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	Physical Address	Phone number
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Purpose of Leave: _____

Juvenile Drug Court Surveillance Officers may confirm my whereabouts by: _____

I understand that while on leave, it is my responsibility to ensure that JDC Staff can confirm my whereabouts and with whom I am staying. Any emergency changes must have the prior approval of my JPPO. Any violation of the conditions of this leave can result in serious consequences.

Signature of Client

I, _____, am aware of the nature and need of my child's request. I understand that in the event that I become aware of any deviation from the conditions of this leave, I have a legal obligation to inform my child's JPPO and Surveillance of the change. Failure to provide a timely report could subject me to Court imposed sanctions, including incarceration.

Signature of Parent/Guardian

Juvenile Probation Officer

District Attorney

Public Defender

Treatment

Surveillance

- Denied
- Approved under the following conditions: _____

Judge

Las Vegas
P.O. Box 1540
Las Vegas, NM 87701
P: (505) 425-7281
F: (505) 454-8611



Santa Rosa
420 Parker Avenue, Suite 5
Santa Rosa, NM 88435
P: (505) 472-3888
F: (505) 472-4451

OFFICE OF THE
FOURTH JUDICIAL DISTRICT COURT CLERK
(SAN MIGUEL, GUADALUPE & MORA)

JUVENILE DRUG COURT
TRAVEL REQUEST FORM

DATE OF REQUEST: _____

CLIENT NAME: _____

PARENT NAME: _____

DATES OF PROPOSED TRAVEL
FROM _____ TO _____

PURPOSE OF TRAVEL

WHO WILL BE ON TRIP

CONTACT PHONE NUMBER

RECOMMENDATION _____ YES _____ NO

APPROVED _____

DENIED _____

DRUG COURT JUDGE

DATE

Valencia County
Juvenile Drug Court

CURFEW EXCEPTION REQUEST

DATE OF REQUEST _____

CLIENTS NAME _____

PARENTS NAME _____

DATE AND TIME OF PROPOSED CURFEW EXCEPTION

FROM DATE _____ TO DATE _____

FROM TIME _____ TO TIME _____

PURPOSE

WHO WILL BE WITH CHILD

CONTACT PHONE NUMBER

APPROVED _____

DENIED _____

DATE _____

Valencia County
Juvenile Drug Court

TRAVEL REQUEST

DATE OF REQUEST _____

CLIENT NAME _____

PARENT NAME _____

DATES OF PROPOSED TRAVEL

FROM _____ TO _____

PURPOSE OF TRAVEL

WHO WILL BE ON TRIP

CONTACT PHONE NUMBER

APPROVED _____

DENIED _____

DATE _____