

**Forsyth County
DUI Court Treatment Program
678-455-4780-Phone
678-455-4781-Fax**

DUI SCHOOL LEAVE REQUEST

(please print)

Participant Name: _____ Date: _____

Dates School Scheduled: _____

Date of Scheduled Group to be missed: _____

Name of DUI School: _____

Phone Number of DUI School: _____

City of DUI School: _____

This excuses you from group counseling (if necessary) in order to attend DUI School, but does not excuse you from any drug/alcohol screens required through the screening phone line.

You will need to submit this form to the DUI Court Office before you attend the DUI School.

This request does not count towards your regular Leave Requests and is only to inform the DUI Court Team of your attendance at the DUI School. You will need to provide proof of attending and completing the DUI School to the DUI Court Office and your Probation Officer.

Participant Signature

Date