

Change of Curfew Request

Participant Name: _____

Date of Request: _____

Effective Date: _____

Work Schedule

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

While in Phases 1, 2 & 3 I have a curfew of
_____ am/pm to _____ am/pm.

This means you must be home at the address on file for you. If you have verifiable work or other issues with being home for curfew you need to contact the Drug Court Office.

Comments:

Participant

Drug Court Staff

***** Notification of a curfew change must be completed prior to your first day of work. On your days off the regular curfew will be implied. It is your responsibility to update your schedule! *****