

**Forsyth County
Accountability Courts
678-455-4780
678-455-4781-Fax**

PARTICIPANT LEAVE REQUEST

Participant Name: _____ Date: _____

Program: C.A.R.E Court Drug Court DUI Court
 Family Treatment Court

Dates Requested for Leave: _____

Details about where you will be during your leave:

Street Address: _____

City: _____ State: _____

Contact Name: _____ Contact Phone: _____

Detailed Reason for Leave (where you are going, who you will be with, etc.):

Possible Triggers and Recovery Plan during Leave (including what you expect may be a trigger while on leave, how you will address triggers, when you will have drug screens, attend 12-step meetings, etc): _____

****When you have completed this form, return it to the Accountability Courts. If appropriate, it will be submitted to the Judge/Team for consideration.**

Approved (and any added conditions for approval):

Approval signature: _____