

Forsyth County Accountability Court

Request for Contact/Roommate

Your Name:

Date:

Program:

Check One: C.A.R.E Court Drug Court DUI Court
 Family Dependency Treatment Court

Name of the person with whom you would like contact:

Aliases:

Date of Birth:

States of residence & any prior arrests:

Type of contact requested. Please be specific to include location and length of time and type of contact (one time, jail visits, ongoing, letters) (friend, romantic, family, roommate):
