

PROBLEM-SOLVING COURT
PARTICIPANT REQUEST TO TRAVEL OUTSIDE OF DUVAL COUNTY

Section 1: To be filled out by Participant:

Name: _____ Today's Date: _____

Date you wish to leave: _____ Date you wish to return: _____

Reason for travel request: _____

Where?- Address, City & State: _____

Who are you traveling with: _____ Mode of Transportation: _____

If driving: car make/model/tag#: _____

Check One:

_____ I am submitting this travel request due to a family emergency or a family death and I have provided details/proof as requested.

OR

_____ I am submitting this request because I am in phase 3, 4 or 5, and I am in good standing with the treatment program. I know that travel will only be approved for certain events and that I may not miss any required program activities as a result of any approved non-emergency travel.

If approved, I understand that I am required to provide a UA (drug/alcohol test) immediately before travel and immediately after travel has been completed. If leaving/arriving after normal office hours, I must complete this task at River Region-PHR.

Section 2: To be filled out by Treatment Provider:

As this participant's Primary Counselor:

_____ I approve this travel request. _____ I deny this travel request.

Phase: _____ Demonstrating Abstinence: _____ Attending program as required: _____

Primary Counselor's approval for travel: _____

Section 3: To be filled out by Probation Officer:

As this participant's Probation Officer:

_____ I approve this travel request. _____ I deny this travel request.

Participant is compliant with probation requirements (including fines/fees): (Y/N) _____

Probation Officer's approval for travel: _____

Upon completion of Sections 1-3, Request may be submitted at your next court appearance or to your case manager

Section 4: To be filled out by Judge/Magistrate:

Upon consideration, this travel request is: Approved _____ Denied _____

Judge/Magistrate: _____