

DRUG COURT VACATION REQUEST

NAME: _____ DATE: _____

TELEPHONE NUMBER: _____

VACATION REQUEST DATES:

FROM: _____ TO: _____

DESTINATION: _____

PURPOSE: _____

WHO TO ACCOMPANY:

TRAVEL MODE:

Requirements:

1. Paying treatment and court costs/fines in a timely manner.
2. No dirty, dilute/abnormal, missed urinalysis tests or missed treatment within preceding 90 days.
3. Must be sanction free within preceding 90 days.
4. Approval of Drug Court Staff prior to expending fees on ticket purchases.
5. Maximum vacation time to include travel is seven (7) days.
6. Request to be completed and turned in to Drug Court Staff by Monday for consideration on Tuesday morning staffing. This request must be made at least one week prior to departure date.
7. No vacation requests will be granted if still in IOP treatment.