

BENTON COUNTY
ADULT DRUG COURT TRAVEL REQUEST FORM

NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

DATES OF TRAVEL: _____

WHERE DO YOU PLAN TO TRAVEL?

PHYSICAL ADDRESS(ES) FOR WHERE YOU WILL BE STAYING:

REASON FOR TRAVEL:

WHO DO YOU PLAN TO TRAVEL WITH?

IF YOU MISS APPOINTMENTS WITH ADULT DRUG COURT STAFF DUE TO TRAVEL, HAVE YOU MADE ARRANGEMENTS TO RESCHEDULE?

WHAT IS YOUR SAFETY PLAN?

WHAT STEPS HAVE YOU TAKEN, AND WILL YOU TAKE, WHILE OUT OF TOWN, TO MAKE SURE THAT YOU ARE IN COMPLIANCE WITH ALL COURT RULES, INCLUDING YOUR U.A. SCHEDULE?

DATE: _____ SIGNATURE: _____

WAS THIS FORM SUBMITTED 7 DAYS BEFORE TRAVEL? Yes No