Hamilton County Veterans Treatment Court
Travel Request

Participant Name: _____ Date: _____

Dates Requested for Leave: _____ to _____

Details about where you will be during your leave:

Street Address: _____

City: _____ State: _____ Zip: _____

Details about who you will be with during your leave:

Contact Name: _____ Phone: _____

Detailed Reason for Leave (work trip, family vacation, 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):_____

_____

_____

_____

_____

Participant Signature: _____

When you have completed this form, return it to your Case Manager. If appropriate, it will be submitted to the Judge/Team for consideration and you will be notified of approval/denial.

FOR OFFICE USE ONLY

VTC Staff signature: _____ Date: _____

☐Approved ☐ Approved with the following conditions: _____

_____

☐ Denied – Reason for denial: _____