

TRAVEL/SPECIAL EVENT REQUEST FORM

Vacation Curfew Extension Special Event

Full Name: _____ Date: _____

Names, Relationship, Address, and Telephone Number of Destination:

Purpose of Trip/Reason for Extension:

Leaving: _____ Date of Return: _____

Method of Travel: _____

Accompanied By: _____

Client Signature: _____

APPROVED BY:

Judge _____ Drug Court Officer _____

Date: _____ Date: _____