
Blue Ridge Judicial Circuit Drug Accountability Court

PARTICIPANT REQUEST FORM

Participant Name: _____ Phase: _____
Contact Number: _____ Email: _____

I am requesting to:

- Miss a required (*circle all that apply*): court appearance // treatment session // 12-Step meeting // probation meeting // case management
- Change Address _____
- Change in Household members _____
- Begin//Change//Terminate Employment _____
 - Name of New Employer _____
 - Address _____
 - Supervisor _____
 - Phone number _____
 - Anticipated Work Schedule _____
 - Hours per week and Hourly Rate _____
- Leave Cherokee County to go to _____
- Extend Curfew until _____
- Travel Overnight (complete the form on the back)
- Other: _____

Reason for request: _____

Request dates: _____ to _____

I have attached proof of an event, employment, or medical professional certification and contact information, as applicable. I understand that I may be asked to revise this form if the team requests more information.

Participant Signature

Date

This form not to be used to request modification of sentence conditions, sanctions, or other court orders. Consult with DAC Defense Attorney if you have questions.

For Office Use Only:

Date Received _____ Date Considered _____ Approved: Y / N Initials: _____

Date Notified _____ Notes _____

Logged in IMS _____ Scanned in IMS _____ Staffing review _____

Blue Ridge Judicial Circuit Drug Accountability Court

OVERNIGHT TRAVEL REQUEST FORM

(Complete both sides of form)

Participant Name: _____ Phase: _____

This form **MUST** be filled out in full. Incomplete requests will not be considered.

- Date and amount of last probation payment_____
- Address where I will be staying _____

- Who will be present with me on my trip _____

- Dates of the trip _____
- Alternative Drug Testing Lab information
 - Name of facility_____
 - Days and hours of operation_____
 - Cost of test_____
 - Phone number_____
 - Address_____
 - Lab tests for ETG and dilute samples? _____

I understand that I may be asked to revise this form if the team requests more information.

_____ Date _____
Participant Signature

This form not to be used to request modification of sentence conditions, sanctions, or other court orders. Consult with DAC Defense Attorney if you have questions.

For Office Use Only:

Date Received _____ Date Considered _____ Approved: Y / N Initials: _____

Date Notified _____ Notes _____

Logged in IMS _____ Scanned in IMS _____ Staffing review _____