



**Drug Treatment Court of Grafton County**  
Special Request Form

Participant Name: \_\_\_\_\_

1. What is your request? \_\_\_\_\_

2. What is the reason for your request? \_\_\_\_\_

\_\_\_\_\_

3. If you are traveling, where are you traveling and where will you be staying?

\_\_\_\_\_

4. What are the dates of your travel? \_\_\_\_\_

5. Who will you be traveling with and/or visiting? \_\_\_\_\_

\_\_\_\_\_

6. What are the steps you will implement in keeping yourself sober?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Is there any information you believe we need when considering your request?

\_\_\_\_\_

\_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* *Reviewed by* \*\*\*\*\*

Approved     Denied

Name: \_\_\_\_\_ Date: \_\_\_\_\_