



Northeastern Judicial Circuit
Family Treatment Court
STATE OF GEORGIA

PH. (770) 718-5710

FAX. (770) 536-1023

PARTICIPANT LEAVE REQUEST

Participant Name: _____ Date: _____

Current Contact Number: _____

Dates Requested for Leave: _____

Address & Phone Number of where you will be staying while on Leave:

Detailed Reason for Leave: _____

Detailed Reason Leave should be Granted: _____

Recovery Plan during Leave, including when you will have drug screens, make up groups,
attend 12-Step meetings, etc.: _____

Coordinator's Approval: Y N

Coordinator's Signature: _____

Family Treatment Court Team's Approval: Y N

Authorized Signature: _____