

Clark County District Court Therapeutic Specialty Courts

Leave / Excused / Special Request Form

This form is to be used to submit written permission to be excused from any program requirements, travel outside the 6-county area, or request any other "specialized circumstance" to the Therapeutic Court Team.

Date: _____

Name: _____

Treatment Provider/ Case Manager : _____

Therapeutic Court Requirement that will be affected: Please check appropriate boxes.

<input type="checkbox"/> Group sessions	<input type="checkbox"/> Individual session	<input type="checkbox"/> Leave county / state
<input type="checkbox"/> Miss drug test	<input type="checkbox"/> Community meeting	<input type="checkbox"/> Miss / change court date
<input type="checkbox"/> Miss group	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Date of Event(s):		Where:

REQUEST: (Please be **specific**. Include dates, times, & who/what/where/why for your request.)

Client Signature Date

Judge/Coordinator/Case Mgr. Signature Date

Approve Disapprove

Special Conditions: **When leaving town for extended period of time, it is common practice to report for a UA immediately upon return**

*****This form must be submitted PRIOR to your request *****

(Your Therapeutic Court payments & compliance in the program may be factors in the team's decision)