

Clark County Therapeutic Specialty Courts

Leave / Excused / Suggestion / Special Request Form

This form is to be used to submit written permission to be excused from any program requirements, leave the county, make a suggestion and/or request any other "specialized circumstance or financial request" to the Treatment Court Team. This is your opportunity to explain the circumstance that you'd like the team to know and/or reconsider.

Date: _____

Name: _____

Treatment Provider/ Case Manager : _____

Treatment 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"/> \$ assistance	<input type="checkbox"/> Other
Date of Event(s):	Where:	

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

Client Signature Date

Case Manager/ Coordinator 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 Treatment Court payments & compliance in the program may be a factor to the team's decision)