

TRAVEL REQUEST FORM

MIDLAND COUNTY DRUG COURT
JUDGE ELIZABETH N. RAINEY
500 N. Loraine
Midland, Texas 79701



Participant Name: _____

Phase: _____

Adult Felony Drug Court DWI Court Transitional Treatment Court

Sober Date: _____

To be considered for a travel permit, please provide all information below and return to your Probation Officer at least one week before requested travel dates. If the information below is left blank your request will be denied.

Remember: Travel passes are INCENTIVES! They are not guaranteed.

Reason for travel: _____

Beginning Date: _____

End Date: _____

Destination: _____

Method of Travel: _____

Street Address: _____

City, State: _____

Name and Phone Number of Person Who Will Be With You: _____

Other People Travelling With You: _____

I am in compliance with court rules and requirements, including:

- | | | |
|---|--|---|
| <input type="checkbox"/> <i>Attending treatment</i> | <input type="checkbox"/> <i>Attending weekly recovery group meetings</i> | <input type="checkbox"/> <i>Attending weekly peer support</i> |
| <input type="checkbox"/> <i>Current on fees</i> | <input type="checkbox"/> <i>Completed community service hours</i> | <input type="checkbox"/> <i>Participating in prosocial activities</i> |
| <input type="checkbox"/> <i>Attending Court</i> | <input type="checkbox"/> <i>Reporting to Probation Officer</i> | <input type="checkbox"/> <i>Submitting UAs/Calling UA Line</i> |

If No, then why should the court grant your request? _____

All information provided above is true and correct to the best of my knowledge.

I understand my responsibilities to the court and the possible sanctions should I fail to comply.

Participant Signature: _____

Date: _____

Probation Officer Signature: _____

Date: _____

Supervisor/Judge Signature (if required): _____

Date: _____

For MCDC Team Use: Submitted Timely: Y / N In Compliance: Y / N Recommendation of Officer: Y / N

Comments: _____
