

# WORK PERMIT 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 work permit, please provide all information below and return to your Probation Officer at least one week in advance. If the information below is left blank your request will be denied.**

**Remember: Work Permits are INCENTIVES! They are not guaranteed.**

Reason for work permit: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date \_\_\_\_\_ *\*If this is a recurring request please note that no more than 30 days at a time will be granted*

Destination: \_\_\_\_\_ Method of Travel: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_

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

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

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

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 I must notify my Officer when I use this permit to leave Midland County for work purposes.
- 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: \_\_\_\_\_  
\_\_\_\_\_