DISP Travel Request
Failure to complete all information may result in travel not being allowed

Name:_____ Today's Date: _____

Departure Date: _____ Return Date: _____

Destination: _____

Reason for Travel:_____

Who are you traveling with? _____

Where are you staying?_____

Phone Number where you can be reached while away: _____

Travel Arrangements:
How are you getting there and back? _____

Are you in treatment? Yes____ No _____
Will this travel conflict with scheduled treatment dates? Yes____ No _____
Have you received permission from treatment to travel? Yes____ No _____
If yes, how have you addressed this with treatment provider? _____
If you are in treatment you must get permission from treatment to travel. The judge is NOT excusing you from treatment.

Are you on formal probation? Yes____ No _____
If yes, how have you addressed this with your Probation Officer?_____
_____
Please note that if you are on formal probation you must have permission to travel from both the DISP Judge and your Probation Officer.

What community support meetings (like AA) will you attend while you are traveling? Please note that attendance at community support meetings is required even while on approved travel.
_____

Case Manager Recommendation:
- ☐ Approve
- ☐ Disapprove

Case Manager Signature:_____

Judge Decision
- ☐ Approve
- ☐ Disapprove

Judge Signature:_____ Date: _____

- ☐ Must wear SCRAM
- ☐ Must UA upon return

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