

**MAINE TREATMENT COURT  
REQUEST TO TRAVEL OUTSIDE COUNTY OF RESIDENCE**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phase: \_\_\_\_\_ Documented negative testing days: \_\_\_\_\_

Date I wish to leave: \_\_\_\_\_ Date I wish to return: \_\_\_\_\_

Reason for travel: \_\_\_\_\_ Mode of Travel: \_\_\_\_\_

Traveling with: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Contact Information (cellphone): \_\_\_\_\_

Traveling to: Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Contact Information (cellphone): \_\_\_\_\_

If driving, Make: \_\_\_\_\_

Model: \_\_\_\_\_

Tag Number: \_\_\_\_\_

*Check one*

- I am submitting this travel request due to a family emergency or family death and I have provided details and proof to my case manager and/or probation officer as required.
  
- I am submitting this travel request because I am in Phase 3, Phase 4, or Phase 5 and am in good standing with the treatment program. I know that travel will be approved only for certain events and I may not miss any required treatment session or program activity as a result of any non-emergency travel.

**CASE MANAGER**

- Recommend approval      Signature: \_\_\_\_\_
- Recommend denial

**PROBATION OFFICER (if applicable)**

- Recommend approval      Signature: \_\_\_\_\_
- Recommend denial

**JUDGE**

- Approved      Signature: \_\_\_\_\_
- Denied