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|  | 18th District Court Sobriety Court |

# Travel Request Form

## Travel Information

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| Name: |  | |
| Case Number: | |  |
| Reason for Travel: |  | |
| Travel Location: |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of Absence: From: |  |  | To: |  |

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| --- |
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| *You must submit request for travel, other than emergency, at least one week prior to the first day you would like to leave.* |
| By signing this form I acknowledge that I will need to take a sober link device with me (at my expense) and report to the court on \_\_\_\_\_\_, the following morning upon my return and submit to an ETG test. |
| *.* |

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|  |  |
| Signature | Date |

## SCT Approval

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|  |  | Approved |
|  |  | Rejected |

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| --- |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Judge/Case Manager Signature | Date |