

# Participant Request Form

## Cherokee County Treatment Accountability Court

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am requesting to:

- \_\_\_\_\_ Miss a required:
  - \_\_\_\_\_ Court Appearance
  - \_\_\_\_\_ Treatment Session
  - \_\_\_\_\_ Case Management Meeting
  - \_\_\_\_\_ Probation Meeting
  
- \_\_\_\_\_ Begin, Change or Terminate Employment
  
- \_\_\_\_\_ Leave Cherokee County to go to \_\_\_\_\_
  
- \_\_\_\_\_ Change my medication as follows (Must provide recommendation from a physician): \_\_\_\_\_  
\_\_\_\_\_
  
- \_\_\_\_\_ Extend Curfew as follows: \_\_\_\_\_  
\_\_\_\_\_
  
- \_\_\_\_\_ Other: \_\_\_\_\_

Reason for the Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Dates: \_\_\_\_\_ to \_\_\_\_\_.

I have attached proof of an event, employment, appropriate medical professional certification, or other documentation to support this request. I understand that I may be required to submit additional proof at the request of the Team.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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**For Court use only**

Received Date \_\_\_\_\_ Date Considered \_\_\_\_\_ Approved: Y/N

Reason for Action/Additional Information: \_\_\_\_\_  
\_\_\_\_\_