

CHATHAM COUNTY DUI COURT

TRAVEL REQUEST

Request must be submitted 3 weeks prior to travel date(s)

NAME _____ DATE of Request _____

DATES of TRAVEL _____

DESTINATION (must include addresses and phone numbers) _____

REASON for TRAVEL _____

MODE of TRAVEL _____

DO YOU HAVE a LICENSE YES _____ NO _____

INITIAL HERE _____ if the travel request is approved you must report to Recovery Place on the day of return for additional drug/alcohol screening(s).

***Both sides of this travel request must be submitted to the DUI Court Office (Room 501 at the Chatham County Courthouse no later than 3 weeks prior to the travel date. *Approval may require the use of SCRAM, CAM or other monitoring device(s)**

For office use only

APPROVED _____ Not APPROVED _____

Travel Recovery Plan Assignment

I. HOW CAN I OVERCOME HIGH RISK SITUATIONS?

Identify 2 high risk situations and 3 coping skills for dealing with each

1. _____
a. _____
b. _____
c. _____

2. _____
a. _____
b. _____
c. _____

II. HOW CAN I RECOGNIZE IF I AM CLOSE TO USING OR DRINKING?

III. WHAT SOBER SUPPORT MEETINGS ARE AVAILABLE IN THE AREA?

Location: _____ Date/Time: _____

Location: _____ Date/Time: _____

Location: _____ Date/Time: _____

IV. IF I RELAPSE, I WILL _____

V. RECOVERY EMERGENCY CONTACTS:

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____