

Troup County Mental Health Court

Over Night Leave Request

*****All requests must be submitted 2 weeks prior to the leave date. Leave requests are not allowed for the first 3 months of the program. If you are leaving the State of Georgia, you must also advise your Probation Officer.**

Name: _____ Todays Date: _____

What Phase are you in? _____

What day are you leaving on: _____ When are you returning: _____

Where will you be staying (please list the address, city, and state: _____

Purpose of overnight leave: _____

Best contact number while traveling: (_____) _____

Printed Name: _____

Signature: _____

Approved

Denied

MHC Signature _____ Date: _____

Travel requirements: _____
