

Cumberland County Treatment Courts

Participant Request for Overnight Travel

All Cumberland County Treatment Court's (TOMS Court, DUI Court, Drug Treatment Court) participants are required to be at their approved place of residence during their curfew hours (if applicable). Exceptions will be made for employment, medical necessity, or approved overnight travel. Participants in phases 1 and 2 will not be permitted overnight travel except for emergency situations, such as a death in the family. Participants in phases 3 and 4 may request overnight travel up to 4 days. Participants in phase 5 may request overnight travel up to 7 days. Under no circumstances will participants be permitted to travel outside the conterminous United States. Participants must submit an overnight travel request no less than 7 days prior to the requested departure date except in cases of emergency travel. Participants should not commit to travel arrangements such as airfare, hotel rooms, or event registration prior to approval of a travel request. Participants travelling outside of Pennsylvania must also obtain a travel permit from their probation officer. Travel requests should be submitted to their probation officer, with final approval by the presiding judge after consultation with the team.

Name: _____ Today's Date: _____

Date you wish to leave: _____ Date you wish to return: _____

Reason for travel: _____

Address where you will be staying: _____

Who are you traveling or spending time with? _____

How are you getting there? (attach verification if travel is by train, plane, or bus): _____

Will you miss any Court requirements because of this trip? (Check all that apply)

Court CRS meeting Peer support group meetings Supervision meeting Treatment

If so, what are you doing to reschedule or be excused? _____

What is your relapse prevention plan? _____

Cumberland County Treatment Courts

Participant Request for Overnight Travel

Check one:

I am submitting this travel request due to a family emergency or a family death and I have provided details/proof as requested.

I am submitting this request because I am in phase 3, 4 or 5, and I am in good standing with the Treatment Court program. I know that travel will only be approved for certain events and that I may not miss any required program activities because of any approved non-emergency travel.

Participant's Signature

Approved Denied _____
e's Signature Date