

# SEVIER COUNTY DRUG COURT TRAVEL REQUEST

Client Name: \_\_\_\_\_

Date and time you are leaving: \_\_\_\_\_

Date and time you will return: \_\_\_\_\_

Who you will be spending time with: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Destination: \_\_\_\_\_

Possible triggers for relapse: \_\_\_\_\_

Relapse Prevention Plan: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist approval: \_\_\_\_\_

Date: \_\_\_\_\_