



Cobb County DUI Court

Melodie H. Clayton  
DUI Court Judge

Emily B. Keener  
Coordinator

**PARTICIPANT LEAVE REQUEST FORM**

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

Phase: \_\_\_\_\_ Days Sober: \_\_\_\_\_ 12-step meetings attended this week: \_\_\_\_\_

Sponsor: Yes \_\_\_ No \_\_\_ DUI court fees owed: \_\_\_\_\_ Employer: \_\_\_\_\_

Missed court sessions (unexcused): \_\_\_\_\_ Missed treatment sessions (unexcused): \_\_\_\_\_

Destination: \_\_\_\_\_ Means of transportation: \_\_\_\_\_

Dates of leave: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for request: \_\_\_\_\_

Address where I will be staying: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you discussed this leave with your employer?: \_\_\_\_\_

Court date I will miss: \_\_\_\_\_

Treatment session(s) I will miss: \_\_\_\_\_

Date of make-up treatment session(s): \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
DUI COURT STAFF ONLY

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date