

MORRISON COUNTY DRUG COURT

213 First Ave. SE

Little Falls, MN 56345

Permission for Overnights and Other Special Requests

- This form must be submitted in writing to the Drug Court probation agent by 4:00 pm on the Monday before your next scheduled Drug Court review hearing.

Name: _____ Current Phase: _____

This is my _____ special request in my current phase.

Request:

Contact person: _____

Address: _____

Phone #: _____

Means of transportation and ownership (model, license #, train, plane):

Departure Date: _____

Departure Time: _____

Return Date: _____

Return Time: _____

Client signature: _____

Agent signature: _____

Agent's recommendation:

☐ Grant

☐ Deny