

# Participant Request Form Cherokee County Mental Health Court

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

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

I am requesting to:

\_\_\_\_\_ Miss a required:

\_\_\_\_\_ Court Appearance

\_\_\_\_\_ Treatment Session

\_\_\_\_\_ Case Management Meeting

\_\_\_\_\_ Probation Meeting

\_\_\_\_\_ Begin, Change or Terminate Employment

\_\_\_\_\_ Leave Cherokee County to go to \_\_\_\_\_

\_\_\_\_\_ Change my medication as follows (Must provide recommendation from a physician): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Extend Curfew as follows: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Reason for the Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Dates: \_\_\_\_\_ to \_\_\_\_\_.

I have attached proof of an event, employment, appropriate medical professional certification, or other documentation to support this request. I understand that I may be required to submit additional proof at the request of the Team.

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

\_\_\_\_\_  
Date

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**For Court use only**

Received Date \_\_\_\_\_ Date Considered \_\_\_\_\_ Approved: Y/N

Reason for Action/Additional Information: \_\_\_\_\_  
\_\_\_\_\_