



# Calgary Drug Treatment Court

## Overnight / Out of Town / Weekend Visit

Please print and fax to 403-476-4701 or email a copy to your case manager.

**Claudia:** [claudiam@calgarydrugtreatmentcourt.org](mailto:claudiam@calgarydrugtreatmentcourt.org)

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**Surinder:** [surinderb@calgarydrugtreatmentcourt.org](mailto:surinderb@calgarydrugtreatmentcourt.org)

Note: All personal information is held securely in accordance with FOIP legislation.

### Participant Contact Information

<b>Date:</b>			
<b>Name:</b>			
<b>Landline Phone Number:</b>		<b>Cell Phone:</b>	
<b>Current Address:</b>			

### Overnight / Out of Town / Weekend Visit Request

#### Temporary Residence – Contact Information

<b>Address:</b> (Unit #, Street, City, Province, Name of hotel etc)			
<b>Phone:</b>		<b>Full Name:</b>	
<b>Relationship to Participant:</b>			
<b>Transportation Plans</b>			
<b>Emergency Contact:</b>			
<b>Length of Stay – Start Date</b>		<b>Return Date:</b>	
<b>Number of Nights away in Total</b>		<b>Reason for Visit:</b>	

**Identify Supports During Visit:**

**Meetings During Visit**

**Dates:**

**Times:**

**Location:**

**Describe your Safety Plan:**

**Any additional information:**

**Signature of Participant**

**Office to complete**

**Received by:**

**Date Received:**

**Date Reviewed by Pre-Court Team:**

**Approved by Pre-Court Team**

**Yes**

**No**

**Comments**