

Currie Mingledorff, Judge

Katy Minchew, Director



Piedmont Judicial Circuit
Specialty Courts
Serving Banks, Barrow
and Jackson Counties

CURFEW EXTENSION REQUEST FORM

****Read the below information prior to submitting this request****

This form must be filled out in its entirety before the request will be taken into consideration. Be extremely detailed when filling this form out. Form must be submitted a minimum of one week prior to the date of extension requested unless otherwise approved by the court. Prior to consideration by the team, you must present your request to your Case Manager and obtain his/her signature of approval. This form MUST be turn in to the Specialty Court Office, either directly to the Director or Case Manager Clerk/Lab Tech or in the box at the front of the courthouse. Failure to comply with these instructions in the slightest manner could result in a denial of your request.

Name: _____

Date Submitted to staff or basket: _____

Date/Time for curfew extension: _____

Reason for Extension: _____


Address (where you will be): _____


You must provide verification that you were at the above listed address for each of the dates requested. This must be turned in to the Specialty Court office or tray at the Barrow County Courthouse within three business days of your return date.

****By signing below, you are stating that the above information is true and valid and understand that you could be sanctioned if that is not the case.****

Participant Signature  _____

****By signing below, you are certifying that the participant has presented the request to you and you approve of the request.****

Case Manager Signature  _____ Date: _____

<p style="text-align: center; font-weight: bold;">APPROVED</p> <p>Reason: _____</p>	<p style="text-align: center; font-weight: bold;">NOT APPROVED</p>
<p>Director's Signature:  _____</p>	