



Augusta Judicial Circuit  
Administrative Office of the Courts

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Honorable James G. Blanchard, Jr.  
Superior Court Judge

DRUG COURT SPECIAL REQUEST FORM

Date: \_\_\_\_\_ Participant's Name: \_\_\_\_\_

A special request is required to be submitted in order to obtain approval from the court however if you are not in complete compliance with all program requirements and a balance of \$500 or below, your request will be denied.

Place a check by your request. Include specific dates and times, persons and locations involved.

Day/Weekend Pass (From Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_) (Phase I Participants MAY NOT receive a pass) Provide SPECIFIC details: \_\_\_\_\_

Be excused from Treatment (Date: \_\_\_/\_\_\_/\_\_\_) Times: \_\_\_\_\_  
Provide SPECIFIC details: \_\_\_\_\_

Phase Up (Current Phase: \_\_\_\_\_ to Phase: \_\_\_\_\_) You may only be considered for a phase up if all program requirements have been met (i.e. program fees, community service/work detail, phase requirement positive period, etc.)  
**Phase up request form has to be submitted to treatment**

Change of residence/phone effective as of (Date: \_\_\_/\_\_\_/\_\_\_) Provide SPECIFIC details: \_\_\_\_\_

Change of employment effective as of (Date: \_\_\_/\_\_\_/\_\_\_) Provide SPECIFIC details: \_\_\_\_\_

Other - Provide SPECIFIC details: \_\_\_\_\_

As I participant in the Augusta Judicial Circuit Adult Felony Drug Court program, I understand that I may not miss curfew; change employment, address, or phone number; go out of town; miss treatment, court, or drug screens without obtaining permission from the court.

\_\_\_\_\_  
Participant's Signature

**SPECIAL REQUESTS MUST BE TURNED IN BY 7 PM THE MONDAY BEFORE COURT IN ORDER TO BE CONSIDERED BY**

Emailing to [ajcdcsr@gmail.com](mailto:ajcdcsr@gmail.com) w/subject heading: Special Request, Last Name, & date of request