

Weekly Schedule Request Form

Revised: 2-5-24

Full Name: _____ **PHONE #** _____ **DOB:** _____ **Date of Request:** _____
Case Manager: _____ **Employed:** ☐ Yes ☐ No
Program Fee(s) Current: ☐ Yes ☐ No **Case Status:** ☐ Pretrial ☐ Post-conviction

- **ALL** areas of form **MUST** be completed to be a valid request.
- Weekly Schedule(s) are Monday – Sunday. **ALL** Schedule requests **MUST** be submitted for approval by 12:00PM on Friday(s), no exceptions.
- Email: frontdkmccc@martincounty.in.gov
- Submission of form request does **NOT** constitute approval of schedule. ***Schedules will be approved/not approved within 2 Business Days (48 Hours) of request being submitted to Case Manager(s).**

DAY	DATE	EVENT NAME, ADDRESS & CONTACT #	START TIME	END TIME	APPROVED	NOT APPROVED
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I understand that this request must be filled out **legibly, truthfully, completely**, and for **necessity only**. I understand that all schedule requests **must** be submitted in advance for Case Manager approval and that submission of schedule request(s) does not constitute an approval of request(s). I understand that **no** exceptions will be made to approved weekly schedule(s), outside of emergent medical request(s). I understand that it is my responsibility to ensure accurateness of my request(s) and that any unauthorized stops, or side trips, not approved **may** result in program violation(s), including, but not limited to loss of privileges, program termination and/or additional criminal charges.

Client Signature: _____ **Date:** _____

Case Manager Notes/Comments:

Case Manager Signature: _____ **Date:** _____