

MID-MICHIGAN REGIONAL SPECIALTY COURT

CLINTON | GRATIOT | IONIA | MONTCALM

REQUEST TO DINE AT ESTABLISHMENTS SERVING ALCOHOL

**** Form must be submitted 72 hours prior to the attendance date ****

Name: _____

Today's Date: _____

Date of Attendance: _____

Location/Address: _____

Reason for Request: _____

OFFICE USE ONLY

Received: _____

- Participant is not in Phase I.
- Participant has not had any alcohol/drug use violations.
- Request received no less than 72 hours (3 business days) prior to attendance date.

Permission Granted **Permission Denied**

Probation Officer Signature

Date