

## Resident Request for Overnight Recovery Passes 130120

The resident completes this form and receives the program's endorsement before it is sent to the supervising officer for approval at least 10 days before the pass date. Passes will not be approved before receiving the current month's Recovery Progress Report.

Name:	Signature:	Date:
Resident Cell Phone and/or Email:		
Program Name & Location: Palm House Recovery Center, 610 Oglethorpe Ave, Athens, GA 30606		
Director & Phone Number and/or Email: Lisa Pasley, (706) 543-0087, palmhouserecovery@gmail.com		
Supervising Officer Name: Probation <input type="checkbox"/> Parole <input type="checkbox"/>		
Supervising Officer Fax # or Email:		

I. Since my last pass or pass request I have: 1) followed all program rules , 2) participated in all recovery activities contained in my recovery plan , 3) paid all fees and other financial obligations , and 4) otherwise modeled recovery behavior? If any not checked, explain: \_\_\_\_\_

II. Since my last pass or pass request I have not used alcohol or illicit drugs and have submitted to (#) \_\_\_\_\_ drug tests of which (#) \_\_\_\_\_ were negative.

III. My proposed overnight recovery pass plans are as follows:

Begin Date & Time:	End Date & Time:
Who will you be staying with?	How do they support your recovery?
Address:	Phone Number:
AA/NA Meetings you will attend while away and the location:	Will you remember the primary purpose of your recovery while you are gone?
<b>PALM HOUSE USE ONLY:</b> My signature below indicates that I (check one) approve <input type="checkbox"/> or disapprove <input type="checkbox"/> of the above listed recovery passes. If disapproved, here is why: _____ _____ _____	
Director Signature: _____	Date: _____

<b>SUPERVISING OFFICER USE ONLY:</b> My signature below indicates that I (check one) approve <input type="checkbox"/> or disapprove <input type="checkbox"/> of the above listed recovery passes. If disapproved, here is why: _____ _____ _____	
Director Signature: _____	Date: _____