

WYOMING DEPARTMENT OF CORRECTIONS	Treatment Court	Page 1 of 2
	Treatment Court Application for Approved Associates	Last Revised: 06-12-18

PROPOSAL FOR APPROVED ASSOCIATES

Name of Applicant: _____

Address: _____

Phone Number: _____

Name of Participant: _____

How do you know the person?

What type of contact will you have with the person (attendance at meetings, pro-social activities, transportation assistance, etc.)?

Have you and the person ever used substances or been in trouble together?

Yes (please explain) No

How would contact with the person be a benefit to your life?

How would contact with the person be a benefit to their life?

WYOMING DEPARTMENT OF CORRECTIONS	Treatment Court	Page 2 of 2
	Treatment Court Application for Approved Associates	Last Revised: 06-12-18

****Must include a photocopy of Driver's License.**

I, _____ understand that by applying to be a resident/visitor for this probationer/parolee, I am subject to a one-time criminal background check.

Client

Date

Treatment Court Agent

Date

☐ Approved

☐ Denied