

Ellen S. Golden
Judge, State Court

STATE OF GEORGIA

DUI Court Team
Cynthia Welch, Prosecutor
Richard Shelton, Defense Attorney
Kyle White, Law Enforcement
Kayla Porter, Probation Officer
Laci Rankhorn, Treatment Provider

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Lowndes County DUI Court
327 North Ashley Street
Valdosta, GA 31601
Phone: 229-671-2895 Fax: 229-671-3441

MEDICATION APPROVAL FORM

Participant Name: _____

I am requesting permission to take the following medications (attach copies of any prescriptions):

Medication Name	Dosage	Approved	Approval Expiration Date

I understand that I must take any prescription medication exactly as prescribed. Any changes to my prescription must be approved by the DUI Court Treatment Provider. I also understand any positive screens that occur after the approval expiration date will be treated as a positive and I will be sanctioned.

Participant Signature

Date

Treatment Provider Signature

Date