



**REQUEST FOR VOLUNTARY
TERMINATION FROM SPECIALTY COURT**

_____ District/Circuit Court
Criminal Branch
_____ Division
Specialty Court

I, _____, a participant in the _____ County Drug Court
 Mental Health Court Veterans Treatment Court, request to be voluntarily terminated from the Specialty Court program
on the following grounds:

I understand and acknowledge that:

1. If I am voluntarily terminated from Specialty Court, my criminal case will return to the criminal docket for further proceedings;
2. No one has coerced, forced, or promised me anything in exchange for this request for voluntary termination; and
3. I have made the decision to request voluntary termination from Specialty Court.

_____, 2_____
Date

Specialty Court Participant Signature

Specialty Court Participant Printed Name

_____, 2_____
Date

Witness Signature

Witness Printed Name

Copies to:

- Clerk
- Commonwealth/County Attorney
- Defense Counsel
- Defendant
- Specialty Court
- Probation and Parole