

## **Request for ACSO Facility Dog**

Please complete this request at least 10 business days prior to the date needed. There is no guarantee that the dog will be available for this request or suitable for what you are requesting. You will be contacted whether your request is approved or denied in a timely manner.

Requester Name:	er Name:Email		Phone			
Department or Court Division						
Date & Time Needed			Specific Location			
Will you need the dog for:	Half-day	Fu	ıll day l	Longer than a day		
Client Information						
Name of Client		Age				
Does Client Have Any Allergies In	volving Dogs					
If Yes, Please Detail						
Does Client Have Any Special Ne	eds					
If Yes, Please Detail						
Case Information (If Crimin	val Court)					
Defendant Name						
Charges						
Type of Event (Please Indicate) Any Additional Case Details		nd Hearing	Pre-trial Hearing		Sentencing	
-						
Case Information (If Family	/ / Juvenile Co	ourt)				
Case Name						
Type of Event (Please Indicate)	CYF Hearing	I PFA	Custody Hearing		Juvenile Proceeding	
Any Additional Case Details						

Have you notified the judge or hearing officer and received permission for the dog to be in attendance **YES** (This must be done prior to making this request)