

**Chatham County Juvenile Court
Family Dependency Treatment Court (FDTC)
Request for Payment For Off-Duty Home Visits**

Date: _____

My signature below indicates that I have completed _____ hours of FDTC home visit for the period of _____. I certify that the home/job visit was completed during off duty hours, that I was not being compensated by the Chatham County Sheriff's Department or any other employer at the time the home visit was being conducted, and that **I completed at least 4 hours of FDTC duty for each request for payment.**

Print Name: _____ Training ___ Visits ___ Prep ___
(Breakdown of hours worked)

Signature: _____

Signature: _____
FDTC Coordinator/Community Policing Director