

TRAVEL REQUEST FORM

All questions must be fully answered before travel pass will be considered.

*Non-Emergency Travel Request must be submitted ten (10) days prior to date of departure.
All request for travel outside the contiguous United States must be submitted one (1) month prior to departure.*

SUPERVISING U.S. PROBATION OFFICER: _____ DATE: _____

PERSONAL INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Do you owe restitution: YES NO

Are you current with payments: YES NO

If yes, how is trip being paid: _____

CIRCLE TRAVEL REASON: PERSONAL or EMPLOYMENT

DESTINATION

City: _____ County: _____ State/Country: _____

Departure Date: _____ Return Date: _____

Purpose of Trip: _____

(Include supportive documentation. Out of country travel request must include verification from that Country's Embassy or Consulate Office that you are allowed to enter with your criminal history.)

Names of Persons Traveling With: _____

Phone Number of Person Traveling With: _____

ACCOMMODATIONS (WILL BE VERIFIED)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

MODE OF TRANSPORTATION

Vehicle: Make: _____ Model: _____ Tag # _____

Owner of Vehicle: _____

Airline: _____ Other Transportation (Specify): _____

Departure Flight Number: _____ Time: _____

Return Flight Number: _____ Time: _____

DO NOT WRITE BELOW THIS LINE

ACTION BY P.O. [] APPROVED [] DENIED [] ACTION PENDING

COMMENTS: _____