

TRAVEL REQUEST FORM

(PLEASE SUBMIT 2 WEEKS PRIOR TO TRAVEL. IF TRAVEL IS AUTHORIZED, A TRAVEL PERMIT WILL BE SENT TO YOU)

Date: _____ Probation Officer Name: _____

Name: _____ Address: _____

Phone Number: _____

Destination: _____

Departure Date: _____ Return Date: _____

Purpose of Trip: _____

Persons traveling with you: _____

Accommodations (will be verified):

Name: _____

Address: _____

Phone Number: Area Code () _____

Mode of Transportation

<u>Vehicle:</u>	<u>Airline/Bus:</u>
Make and Model	Name of Airline/Bus Company
Tag Number	Departure # & time
Owner of Vehicle	Return # & time

Other mode of transportation (Specify): _____

Estimated total cost of travel and source of funds: _____

Please answer the following: (Circle appropriate answer)

- | | | | |
|--|-----|----|-----|
| 1. Are your fine/restitution payments current? | Yes | No | N/A |
| 2. Do you have any criminal charges pending? | Yes | No | N/A |
| 3. Are you current with your community service obligation? | Yes | No | N/A |
| 4. Are you in a drug/alcohol/mental health program? | Yes | No | N/A |
| 5. Are you employed? | Yes | No | N/A |

Any false statement (including factual omissions) is in violation of 18 U.S.C. § 1001, and may result in sanctions, including revocation of supervision.

Signature

Date

Please attach verification documents to this request