

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
PROBATION OFFICE

REQUEST FOR TRAVEL

TO BE SUBMITTED AT LEAST FIVE WORKING DAYS PRIOR TO TRAVEL

(PLEASE PRINT CLEARLY)

DATE: _____

TO: U. S. PROBATION OFFICER _____

FROM: (Give name/present address) _____

REQUEST TO LEAVE ON _____ RETURN ON _____

DESTINATION: _____

PURPOSE OF TRAVEL: (Business/Pleasure/Visit relatives, etc.) (If business, give name/address/person with whom you will be doing business.)

WILL BE STAYING WITH: (Indicate if alone or with relative/friend/ etc., and give full name, address, telephone number, and if they have any prior criminal history.) _____

HOW WILL YOU BE TRAVELING? (Car/Bus/Airplane) (If by airplane provide airline(s) and flight number(s).) _____

WHAT IS THE ESTIMATED TOTAL COST? (Travel, lodging, food, etc.) _____

PLEASE ANSWER THE FOLLOWING (if applicable):

1. Are you current in fine/restitution payments? _____

2. Are you pending any charges? _____ If so, what? _____
_____ When? _____ Where? _____

3. In your own belief, can you afford this travel without jeopardizing yourself financially? _____

SIGNATURE _____