

SHELBY COUNTY COURT SERVICES TRAVEL REQUEST FORM:

*****Traveling out-of-state while on supervision is a privilege. You shall be in compliance on any financial obligations and special conditions prior to requesting to travel.*****

THIS FORM MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO ANTICIPATED TRAVEL

(VERIFIABLE EMERGENCIES EXCLUDED FROM THIS RULE)

TO BE COMPLETED BY OFFENDER:

OFFENDER'S NAME: _____

OFFENDER'S DATE OF BIRTH: _____

SUPERVISING OFFICER: _____

DESTINATION INFORMATION:

DEPARTURE DATE: _____

RETURN DATE: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____

REASON FOR TRIP (PERSONAL OR WORK): _____

MEANS OF TRAVEL (CAR OR PLANE): _____

ACCOMPANIED BY (NAME AND RELATIONSHIP TO YOU): _____

TO BE COMPLETED BY SUPERVISING OFFICER:

CAUSE NUMBER: _____

OFFENSE(S): _____

RECOMMENDATION:

APPROVAL _____

DISAPPROVAL _____

SIGNED: _____

FOR USE BY JUDGE:

ACTION TAKEN: REQUEST APPROVED _____

REQUEST DENIED _____

SIGNED: _____ DATE: _____

*****YOU MUST CONTACT YOUR SUPERVISING OFFICER WITHIN 24-HOURS UPON RETURN FROM YOUR OUT-OF-STATE TRAVEL. IF APPROVED, YOU SHALL PROVIDE TRAVEL ARRANGEMENT DOCUMENTS TO YOUR SUPERVISING OFFICER.*****