

**SHELBY COUNTY, INDIANA COURTS  
PROBATION TRAVEL REQUEST FORM**

*(MUST BE SUBMITTED TWO (2) WEEKS PRIOR TO ANTICIPATED TRAVEL, VERIFIABLE  
EMERGENCIES EXCLUDED FROM THIS RULE)*

**TO BE COMPLETED BY PROBATIONER:**

PROBATIONER'S NAME: \_\_\_\_\_

PROBATIONER'S DATE OF BIRTH: \_\_\_\_\_

PROBATION OFFICER: \_\_\_\_\_

DATES OF TRAVEL REQUESTED: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

REASON FOR TRAVEL: \_\_\_\_\_

MEANS OF TRAVEL: \_\_\_\_\_

ACCOMPANIED BY: \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

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**FOR USE BY PROBATION OFFICER:**

CAUSE NUMBER: \_\_\_\_\_

OFFENSE(S): \_\_\_\_\_

RECOMMENDATION:        APPROVAL \_\_\_\_\_ DISAPPROVAL \_\_\_\_\_

SIGNED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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**FOR USE BY JUDGE:**

ACTION TAKEN:    **REQUEST APPROVED** \_\_\_\_\_

**REQUEST DENIED** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**\*\*YOU MUST CONTACT YOUR PROBATION OFFICER WITHIN 24-HOURS UPON RETURN FROM  
YOUR OUT-OF-STATE TRAVEL.\*\***