

WICHITA COUNTY CSCD - REQUEST FOR TRAVEL

*If traveling by auto and defendant is driving, attach a copy of proof of insurance and copy of driver's license.
**If traveling by auto and someone else is driving, attach a copy of proof of insurance and copy of driver's license.
***If traveling by airplane, bus, train, attach a copy of the ticket.

ALL BLANKS MUST BE COMPLETELY FILLED OUT

OFFICER: _____

REQUESTOR'S NAME: _____

CITY, STATE TRAVELING TO: _____

REASON FOR TRAVEL _____

REQUESTOR'S HOME RESIDENCE IS:

Address: _____

City, State & Zip: _____

Telephone: _____

.....
NAME OF PERSON (HOTEL) AND LOCATION AT WHICH YOU WILL BE STAYING OVERNIGHT:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

TRAVEL ITINERARY:

Departure Date/Time: _____

Return Date/Time: _____

MODE OF TRAVEL

Auto, Bus, Airplane, Train (see above): _____

Year/Make/Model/Color: _____

License Plate/State: _____

Driver's Name (see above): _____

COMPANIONS AND RELATION OF PERSON(S) YOU WILL BE TRAVELING WITH

ALL THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Requestor

Date

TO OBTAIN A TRAVEL PERMIT:

- **This form must be submitted to supervising officer a minimum of: 3 business days for in state travel; 5 business days for out of state travel or in state more than two weeks; 20 business days for out of country travel**
- **Fax: 940-766-8109**
- **Must be in substantial compliance all conditions of probation**