

REQUEST FOR PERMISSION TO TRAVEL

(Not Valid Without Client Signature)

Return to:

____ U.S. Probation
400 Congress St., 5th Floor
Portland, ME 04101
Tel: (207) 780-3358
Fax: (207) 780-3784

____ U.S. Probation
202 Harlow Street, Rm. 209
Bangor, ME 04401
Tel: (207) 945-0369
Fax: (207) 945-0305

1) NAME: _____
(Last) (First) (Middle)

2) ADDRESS: _____
(Street Address and Number)

(State and Zip Code)

3) REQUEST FOR PERMISSION TO TRAVEL TO:

4) YOU WILL TRAVEL BY: ___ Automobile ___ Airline ___ Bus ___ Railway

5) NAME OF PERSON, PLACE AND TEL. NO. WHERE YOU WILL RESIDE:

1) PERSON: _____

2) ADDRESS: _____

3) TELEPHONE: Area Code and Number: _____

6) NAME OF PERSON(S) TRAVELING WITH YOU: _____

7) STATE FULLY YOUR REASON FOR REQUESTING THIS PERMISSION: _____

8) WHEN DO YOU EXPECT TO LEAVE: _____

9) WHEN DO YOU EXPECT TO RETURN: _____

CLIENT SIGNATURE: _____ DATE: _____

PERMISSION GRANTED _____ PERMISSION DENIED _____

SIGNATURE OF PROBATION OFFICER _____

DATE: _____