



DIVISION OF PAROLE AND PROBATION

Travel Permit Request - SO



My Parole/Probation Officer is: _____

NOTE: Travel permit requests *must* be approved by your assigned supervising officer. Requests *must* be received no less than 5 working days in advance of the date you wish to leave. This form *must* contain complete information.

Your Information

Your Name: _____ Home/Cell No.: _____
Your Address: _____ City/State/Zip: _____
Mailing Address: _____ City/State/Zip: _____

Travel Information

Reason for Travel: _____

Departure Date: _____ Return Date: _____ Traveling alone? Yes No

If "No" was selected, provide name and age of individuals traveling with you

Lodging Information

Lodging at? Commercial Friends Relatives _____
City/State/Zip

_____ Lodging Address _____ Phone _____

List all persons with whom you will be visiting

Name _____ Address _____ Phone _____

Will you be lodging/staying alone? Yes No (If no complete the following)

Name _____ Address _____ Phone _____ Criminal History

Yes No

Yes No

Yes No

Yes No

Yes No

Important Information

If your charge was a sex offense and you are in an out of state location in excess of 48 hours (including layovers), in accordance with [NRS 179D.460](#) you are required to register with local law enforcement as a sex offender. Failure to register may result in new felony charges.

Method of Travel Information

Complete all applicable travel method information below, if not applicable enter NA

Auto Bus Plane Train

Is there a Layover? Yes No NA

Automobile Information

Make: _____ Model: _____ Color: _____ Year: _____

License Plate No: _____ State: _____

Departure Airline/Train/Bus Co: _____ Flight/Train/Bus No.: _____

Return Airline/Train/Bus Co: _____ Flight/Train/Bus No.: _____

If there will be a Layover complete the following; the City, Location/Facility (Bus Depot, Airport, etc.) and length estimate

City: _____ Location: _____ Length Est.: _____

Additional method info: _____

General Information

Are you current supervision/restitution payments? Yes No NA

Are you current with community service obligations? Yes No NA

Are you involved in drug/alcohol, mental health or other specialty services? Yes No

Do you have any criminal charges pending? Yes No

Will there be children at the residence or event you're attending? Yes No

List children ages & relationship to you: _____

Children's parents' name(s) & phone no's : _____

NOTE: Travel permits are a privilege, not a right. Do not request this privilege if you are not in compliance with your supervision conditions. This includes being current on all fee payments. Decisions will be made on a case by case basis for each request.

I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Your Signature

Date Submitted

If attending counseling with a Sex Offender treatment provider, this must first be reviewed and approved by the treatment provider.

Treatment Provider

Date Approved

Supervising Officer review Approved Denied

Supervising Officer

Date