

# 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.

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 48 hours prior to travel date and time. Fax: 940-766-8109
- Must be in substantial compliance all conditions of probation

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