

BLAIR COUNTY ADULT PAROLE AND PROBATION OFFICE

423 ALLEGHENY STREET – SUITE 330, HOLLIDAYSBURG, PA 16648 Phone: (814) 693-3190 Fax: (814) 695-0483

TRAVEL REQUESTS MUST BE SUBMITTED AT LEAST 5 BUSINESS DAYS PRIOR TO DEPARTURE AND MUST BE APPROVED BY A SUPERVISOR (30 DAY MAXIMUM TRAVEL PERIOD)

TRAVEL PERMIT

Please completely fill out form and deliver, mail or fax to the above address.

NAME: _____

DOB: ____/____/____ SOCIAL SECURITY NUMBER: _____

MY DESTINATION IS: _____

I WILL STAY AT: _____
(NAME OF PERSON/HOTEL/MOTEL/CAMPGROUND/ETC)

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

PURPOSE: VACATION FAMILY EMPLOYMENT _____

MEANS OF TRAVEL: PERSONAL VEHICLE AIRLINE BUS TRAIN _____

DEPARTURE DATE: ____/____/____ RETURN DATE: ____/____/____

ACCOMPANIED BY: _____ RELATIONSHIP: _____

CONTACT NO(S): CELL _____ TELEPHONE _____

CURRENT OFFENSE(S): _____

MAXIMUM DATE OF SUPERVISION: ____/____/____

TRAVEL PERMIT CONDITIONS/RESTRICTIONS

(1) I HAVE BEEN GRANTED PERMISSION TO TRAVEL OUTSIDE THE COURT'S JURISDICTION WITH THE EXPLICIT UNDERSTANDING THAT I AM REQUIRED TO FOLLOW THE RULES AND CONDITIONS IMPOSED BY THE COURT AND THE PROBATION OFFICE.

(2) I UNDERSTAND TRAVEL PERMISSION EXTENDS TO ONLY THE APPROVED DESTINATION(S) UNLESS AUTHORIZED BY THE PROBATION OFFICE.

(3) I WILL REMAIN LAW ABIDING AND IN THE EVENT I SHOULD BE ARRESTED IN ANOTHER STATE DURING THE PERIOD OF MY TRAVEL OR IN ANY WAY VIOLATE MY CONDITIONS OF SUPERVISION OR BE PLACED IN ABSCONDER STATUS BY PENNSYLVANIA FOR FAILURE TO RETURN BY THE SPECIFIED RETURN DATE, BY MY SIGNATURE BELOW, I HEREBY KNOWINGLY WAIVE MY RIGHT TO ANY EXTRADITION PROCEEDINGS, I WILL VOLUNTARILY RETURN TO PENNSYLVANIA, AND I WILL NOT CONTEST EFFORTS BY PENNSYLVANIA TO RETURN ME TO THE JURISDICTION OF THE BLAIR COUNTY COURT OF COMMON PLEAS. IN THE EVENT THAT PENNSYLVANIA AUTHORITIES MUST RETAKE ME IN ANOTHER STATE, I UNDERSTAND I WILL BE HELD PERSONALLY RESPONSIBLE FOR PAYMENT OF ALL ASSOCIATED COSTS, FEES, AND EXPENSES TO RETURN ME TO BLAIR COUNTY, PENNSYLVANIA.

(4) IF PROBLEMS ARE ENCOUNTERED DURING MY TRAVEL, OR THERE WOULD BE A DELAY IN MY RETURN, I WILL IMMEDIATELY CONTACT MY PROBATION OFFICER.

(5) I WILL IMMEDIATELY CONTACT MY PROBATION OFFICER UPON MY RETURN TO BLAIR COUNTY, PA. PHONE: (814) 693-3190

(6) NOTICE TO SEX OFFENDERS AND/OR CONVICTED FELONS. SOME STATES HAVE PASSED LAWS MAKING IT ILLEGAL/IN SOME STATES A FELONY, TO TRAVEL, STAY, AND/OR LIVE IN THEIR STATE WITHOUT BEING REGISTERED WITH LOCAL/COUNTY/STATE LAW ENFORCEMENT AUTHORITIES. I UNDERSTAND IT IS MY RESPONSIBILITY BEFORE TRAVELING TO MY DESTINATION TO KNOW IF I WILL ENTER A STATE WITH ANY RESTRICTIONS/REGISTRATION REQUIREMENTS. (IT IS NOT THE RESPONSIBILITY OF MY PROBATION OFFICER TO PROVIDE THIS INFORMATION.)

SIGNATURE: _____ DATE: _____

OFFENDER IN COMPLIANCE: YES NO PROBATION OFFICER: _____

PERMIT APPROVED PERMIT DENIED SUPERVISOR: _____