

**CITY OF SHREVEPORT  
PROBATION OFFICE P.O. \_\_\_\_\_  
TRAVEL PERMIT**

**FORM MUST BE COMPLETED AND APPROVED BY P.O. BEFORE DEPARTURE**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Docket:** \_\_\_\_\_

**Personal Information: DOB** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Hair:** \_\_\_\_\_  
**Eyes:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Name, address and telephone number of destination:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Method of Travel:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Purpose of Travel:** \_\_\_\_\_

**Departure Date/Time:** \_\_\_\_\_ **Returning Date/Time:** \_\_\_\_\_

**Accompanied by/Relationship:** \_\_\_\_\_

**I have been given this permission with the explicit understanding that I am to continue faithfully to follow the rules; regulations and all conditions of my probation and to travel only to the location designated above. I agree to return to Shreveport, Caddo, Louisiana if so instructed.**

***I HEREBY DO WAIVE EXTRATION to the City of Shreveport, Parish of Caddo, State of Louisiana from any jurisdiction in or outside the United States where I may be found and also agree that I will not contest any effort by any jurisdiction to return me to the state of Louisiana.***

**Special/reporting instructions: *REPORT TO THE PROBATION OFFICE THE FIRST MONDAY OR TUESDAY MORNING AT 8:00 AM AFTER YOU RETURN FROM YOUR TRIP. NO EXCEPTIONS!***

**Defendant's Signature:** \_\_\_\_\_ **Right thumb print:**

**Probation Officer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**APPROVED ( ) DISAPPROVED ( )**