

REQUEST TO LEAVE THE STATE

As required by the Probation Conditions, request **MUST** be submitted at least 14 days prior to travel.

Fax: 216-475-3087 ~ email: probation@ghmc.org

Probationer's Name: _____ D.O.B.: _____

Case #: _____ Social Security #: _____

Cell Phone #: _____ Email Address: _____

Date of Submission: _____

Where will you be traveling to: _____

Address and Phone Number where you can be reached while out of state:

Dates scheduled to be out of state: _____

Is this travel for business or pleasure? _____

If for business, a letter from your employer is required.

If traveling by plane: airline _____ flight# _____

Airport Departing from: Hopkins, Akron/Canton, other: _____

Departure Time & Date: _____

Return Arrival Time & Date: _____

Approved () Denied ()

Probation Officer

Date