

Multnomah County Department of Community Justice
Continued Care Supervision

*** TRAVEL PERMIT REQUEST ***

CONDITIONS FOR TRAVEL PERMIT:

1. All fees (supervision, restitution, etc) must be current unless PPO makes an exception.
2. At least ten (10) days advanced notice (except emergencies)

*****Information with red asterisk (*) must be filled in or request will be delayed*****

Name (Last, First)*:

Address*:

Phone Number (xxx.xxx.xxxx)*:

Email Address:

Birth Date*:

SID Number*:

Purpose of Travel*:

Who will you be traveling with?*

Mode of travelling (check all that are appropriate)*

Air Bus Train Car

Name/s of Destination*:

Destination Address*:

Destination Phone Number (xxx.xxx.xxxx)*:

Departure Date (mm/dd/yyyy)*:

Return Date (mm/dd/yyyy)*:

Preferred mode of Delivery*:

Email me I will pick up at the office Send it to me by mail
(Must provide your email id)

Multnomah County Department of Community Justice
Continued Care Supervision

*** TRAVEL PERMIT REQUEST ***

Mail or Fax to:

Mail:

MULTNOMAH COUNTY OREGON

Department of Community Justice - START/MCJRP - Continued Care Supervision

421 SW 5th Avenue, Suite 200, Portland, OR 97204

Fax:

503.xxx.xxxx