



Carson City Department of

**Alternative Sentencing**

**MARLINA STONE**  
Chief

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### **TRAVEL REQUEST FORM**

**Probationers seeking permission to travel must submit this form ONE WEEK prior to our office for approval for a planned vacation, work-related, or family-related travel.**

**NO EXCEPTIONS!**

**Probationers on house arrest are not eligible for travel unless there is a documented family emergency or permission from the courts. The following requirements must be met for permission to travel:**

1. All fees must be current: Probation, fines and/or treatment must be current.
2. Treatment attendance must be current, all sessions that will be missed while traveling must be preapproved by your counselor.
3. Clients must show adequate progress in treatment: good attendance and participation are a must with positive behavior change noted by counseling staff. Travel plans must be discussed with your counselor in advance and have her/his approval.

**NOTE:** Clients may be required to submit to alcohol and drug testing prior to leaving and directly upon return. An alcohol monitoring device and/or GPS unit may be required before travel.

Name: \_\_\_\_\_ PLEASE PRINT NAME \_\_\_\_\_ Date: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Where you will be going: \_\_\_\_\_

Address you will be at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates you will be gone: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Are you in a Specialty Court? ☐ YES ☐ NO if yes, Which Court: \_\_\_\_\_

#### **COUNSELING STAFF USE ONLY**

Counselor: \_\_\_\_\_ PLEASE PRINT NAME \_\_\_\_\_ Agency: \_\_\_\_\_

Client's participation is: ☐ Outstanding ☐ Satisfactory ☐ Poor

Counselor approves of travel: ☐ YES ☐ NO

Client owes fees: ☐ YES ☐ NO Balance owed: \$ \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **ALTERNATIVE SENTENCING STAFF USE ONLY**

Client owes DAS fees: ☐ YES ☐ NO Balance owed: \$ \_\_\_\_\_

Client's travel has been: ☐ APPROVED ☐ DENIED

Reason for denial: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_