

**OREGON BOARD OF PAROLE AND POST-PRISON SUPERVISION
OUT OF COUNTRY TRAVEL REQUEST**

NAME: _____ **CRIME(S):** _____

SID# _____ **COUNTY:** _____

Length of time on supervision: _____

Conformance to supervision requirements: _____

Payment of financial obligations: _____

Purpose of Travel: _____

Mode of Travel: _____

Travel companions: _____

Offender's criminal history: _____

Victim concerns: _____

Country or countries of travel: _____

Military obligations: _____

Any concerns about the country being visited: _____

Recommendation of supervising officer: _____

SUPERVISING OFFICER

DATE

Recommendation of management staff: _____

MANAGEMENT STAFF/TITLE:

DATE

*******PAROLE BOARD USE ONLY*******

Approved **Denied** **Date:** _____

Board Member: _____ **Board Member:** _____

Board Member Comments:

