



# Sarpy County Community Corrections

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## OUT OF STATE TRAVEL REQUEST FOR PRETRIAL CLIENTS

*\*All fields must be completed in order for request to be processed.\**

**Name:** \_\_\_\_\_ **Case Number (i.e. CR 19-xxxx):** \_\_\_\_\_

**Presiding Judge & Courtroom #:** \_\_\_\_\_

**Supervision Officer:** \_\_\_\_\_ **Electronic Monitoring (check all that apply):**  GPS  CAM  
 Remote Breath

**Date of Departure:** \_\_\_\_\_ **Date of Return:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Method of Travel:** \_\_\_\_\_ **If Other, Please Explain:** \_\_\_\_\_

**Defendant's Phone Number:** \_\_\_\_\_

**Address of Where Defendant Will Be Staying:** \_\_\_\_\_

**Collateral Contact Information (If the Defendant Cannot Be Reached):**

**Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Reason for Travel:** \_\_\_\_\_

**OFFICE USE ONLY:**

Approved

Denied

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date