



EASTERN DISTRICT OF ARKANSAS APPLICATION FOR TRAVEL PASS

****PERMISSION TO TRAVEL MUST BE REQUESTED TWO WEEKS IN ADVANCE****

Please Note: ****ALL FINES AND RESTITUTION PAYMENTS MUST BE CURRENT
BEFORE A TRAVEL PASS WILL BE APPROVED****

MY PROBATION OFFICER IS: _____

Name: _____ Date: _____

Current Address: _____

City, State, and Zip Code: _____

Valid Phone Number(s): _____

Destination: _____

Departure Date: _____ Return Date: _____

Purpose of Trip: _____

Person(s) Traveling With: _____

Accommodations (Will Be Verified):

Name: _____

Address: _____

City, State and Zip: _____

Phone Number: _____

Mode of Transportation:

Make and Model of Vehicle: _____

License Plate Number: _____

Owner of Vehicle: _____

Name of Airline: _____

Departure Flight Numbers and Time: _____

OTHER MODE OF TRANSPORTATION (Describe in Detail):

SEND TO: AREPdb_Duty_Officer@arep.uscourts.gov

or

U.S. PROBATION OFFICE
600 W. CAPITOL, ROOM A226
LITTLE ROCK, AR 72201

or

FAX: 501-324-5641