



Sarpy County Community Corrections

Jacob Berst, Director

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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:

Lead Charge: _____

Next Court Date/Type of Hearing: _____

Approved

Denied

Judge

Date