|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Case Number(s): |  |
|  |  |
| **Trip Details** |
| Purpose of Trip: |  |
| Destination City: |  |  | State: |  |
| Leaving Date: |  |  | Return Date: |  |
| Traveling By:  | [ ]  Auto | [ ]  Other: |  |
| Traveling with: | [ ]  Self Only | [ ]  Others: |  |
| **Accommodations** |
| Name: |  | [ ]  Hotel [ ]  Individual |
| Address: |  |
| Phone#: |  | [ ]  Mobile [ ]  Home |
|  |
| **Next Court Date:** |  |
| **Conditions of Travel** |
| 1. People on call-in schedules must continue to call in on scheduled days unless otherwise informed.
2. Report in person to the Pretrial Service Office when you return:

807 Main Street, Ground Level Room 12, Oregon City, OR 97045Phone: (971) 233-3524 |
| **Waiver of Extradition** |
|  |
| I, the above-named defendant, being charged in Clackamas County, State of Oregon  |
| with the following crime(s) of: |  |
| and being fully informed of my rights by the Court agree that if I am found outside the State of Oregon pending disposition of the charge(s), that I will waive extradition to the State of Oregon and I will not contest any effort by any jurisdiction to return me to the State of Oregon. |
|  |
| Defendant Signature: |  | Date: |  |
|  |  |  |  |
| Subscribed before me: |  | Date: |  |
|  | Release Officer Name Signature |  |  |
|  |  |  |  |
|  | (Print) Release Officer Name |  |  |
| **Court Staff Only** |
| [ ]  District Attorney does not object to this request. |
|  |
| [ ]  Travel Request Approved | [ ]  Travel Request Denied – Hearing may be requested through your attorney |
|  |
|  |  | Dated this  |  | day of |  | , 20 |  |
| Signature of Pretrial Supervisor,Jeremy Kingsbury |  |  |  |  |  |  |
|  |  |  |