

Hill County Attorney
315 4th Street
Hill County Courthouse
Havre, MT 59501
406-265-5481, Ext. 211

READ FULLY BEFORE COMPLETING PERMIT APPLICATION:

1. Permits must be **fully completed** before being accepted.
 2. Permits must have defendant's **original** signature; a faxed copy will not be accepted.
 3. **Permits will be reviewed for approval on Monday, Wednesday and Friday from 8:00 a.m. to 11:00 a.m. ONLY.** Defendant may submit a completed application at any time and it will be accepted. However, permits will be held until the next review meeting (MWF 8-11).
 4. Permits will not be issued for recreational purposes.
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TRAVEL PERMIT

NAME: _____ DOB: ___/___/___ Race: _____

OFFENSE(S) CHARGED: _____

DESTINATION: (Include complete address, name of contact person & telephone number) _____

PURPOSE OF TRIP: _____

DATE/TIME LEAVING: _____ DATE/TIME RETURNING: _____

ACCOMPANIED BY: (include full names and relationships) _____

METHOD OF TRAVEL: (if other than automobile) _____

VEHICLE DESCRIPTION (include make, color & license no.) _____

I have been given this permission to travel with the explicit understanding that I am to continue to follow the rules and regulations of my pre-trial release, and to travel only to the location designated above. If I should be stopped or arrested during the period of this trip, I will present this original document to the arresting officer.

Defendant's signature

Date

Approved by: _____

Title _____

DEFENDANT MUST REPORT BACK TO OR CALL THIS OFFICE (265-5481, Ext. 211)
BY NO LATER THAN: _____ .m., _____, 200__.