

State of Florida
Department of Corrections - Community Corrections
TRAVEL PERMIT/INTRASTATE TRANSFER REQUEST

Name: <u>Jeffrey Epstein</u>		DC#: <u>W35755</u>	Date: <u>2/23/2010</u>
<input type="checkbox"/> Probation <input checked="" type="checkbox"/> Community Control <input type="checkbox"/> Drug Offender Probation <input type="checkbox"/> Sex Offender <input type="checkbox"/> Post Release <input type="checkbox"/> Pretrial Intervention			
Offense: <u>Procure Person Under Age of 18 for Prostitution</u>		<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	
Sentence Length: <u>12 months Community Control</u>		Termination Date: <u>7-21-2010</u>	
<input checked="" type="checkbox"/> TRAVEL PERMIT (<input type="checkbox"/> *Provisional <input type="checkbox"/> *Temporary)			
Purpose of Trip: <u>Business- Legal Meetings</u>			
Name(s), address and telephone number of destination: <u>Residence - 9 East 71st St., New York, NY</u>			
Departure Date: <u>2-23-10</u>		Return Date: <u>2-24-10</u>	Method of Travel: <u>Private Plane</u>
Accompanied By: <u>Staff</u>		Relationship: _____	
Comments/Instructions: <u>Contact Probation Officer on next business day upon return.</u>			
<input checked="" type="checkbox"/> Contact your probation officer upon return or as instructed. <input checked="" type="checkbox"/> Report any contact with law enforcement to your probation officer immediately. <input checked="" type="checkbox"/> Pursuant to section 775.13 Florida Statutes, if the visit to another county in the State of Florida will exceed forty-eight (48) hours and you have been convicted of a felony, you are instructed and required to register with the sheriff of the county you enter. Failure to comply constitutes a misdemeanor of the second degree.			
Approved by: _____		Phone (Office/After Hours): <u> </u>	
Officer: <u> </u>		Supervisor: <u> </u>	
<input type="checkbox"/> INTRASTATE TRANSFER REQUEST			
Proposed Residence: _____			
Relation: _____		Phone: _____	
Proposed Employment: _____			
Supervisor: _____		Phone: _____	
REPORTING INSTRUCTIONS:			
<small>*Provisional Travel Permit: Permission for non-sex offender to return to the state offender was living in at the time of sentencing. *Temporary Travel Permit: Permission for visits out of state for a period not to exceed thirty (30) days.</small>			

WAIVER OF EXTRADITION (FOR OUT OF STATE TRAVEL ONLY)

I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of my supervision and to travel only to the location designated above. If I should be arrested in any other state during the period of the trip granted me, I will waive extradition and will not resist being returned to Florida.

Offender: _____

Witness: _____



DC3-220 (Revised 8/31/09)
Original: DC Offender File
Copy: Offender
Copy: Interstate Compact (for applicable Out-of-State Travel Only)

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