UNITED STATES DISTRICT COURT

DISTRICT OF IDAHO

_____ Petitioner.	)	Case No.: _____
vs.	)	
_____ Respondent.	)	**REQUEST FOR TRAVEL AUTHORIZATION**

Traveler: _____

☐ Attorney or ☐ Expert Type of Expert _____

Address: _____

Telephone: _____

Fax Number: _____

Requested Travel Dates: _____

Purpose of Travel: (Briefly describe reason for trip including destination.)

_____

Dated: _____ Signed: _____

Attorney for: _____

Fax to: (208) 334-9362 Attention: Suzi Butler

Submit by Email