

**SHELBY COUNTY COMMUNITY CORRECTIONS**

10 WEST POLK STREET  
SHELBYVILLE, INDIANA 46176  
PHONE: 317.392.6492  
FAX: 317.392.3722

**Special Event Request**

<b>P A R T I C I P A N T</b>	Participant's Name: _____
	Participant's Date of Birth: _____
	Telephone # I can be reached at all times: _____
	Case Manager: _____
	Date and Time of Event Requested: _____
	Address of Event: _____
	Reason for Event: _____
	Other Person(s) Attending: _____
Comment(s): _____	
_____	

<b>C A S E  M A N A G E R</b>	Cause Number: _____
	Offense(s): _____
	Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval
	Signed: _____
	Comment(s): _____
_____	

<b>S U P E R V I S O R</b>	Action Taken: <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied
	Signed: _____      Date: _____

Every effort should be made to **submit request 2 weeks prior** to the date of the event to your case manager. Your case manager will inform you of the supervisor's decision.