



SHERIFF

C R O O K C O U N T Y

"PEOPLE SERVING PEOPLE"

Sheriff John Gautney

RIDE-ALONG FOLLOW UP
(To be completed by Staff)

Participant Name

Phone Number

Reason

Date CCH Reviewed

Approved: (circle one) **Yes** **No**

Date/Time Requested

Driver/Date/Time Completed: (Please note: ride-along limited to 4 hours)

X _____
Supervisor Signature (Witnessing/Authorizing)

Additional Comment: _____



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This form must be returned to the Office Manager upon completion of ride-along.