



Interstate Commission for Adult Offender Supervision

(Revised 10/18/06)

RESPONSE TO VIOLATION REPORT

A sending state is required to respond to a Violation Report within 10 business days of receipt

To: Enter the 2 letter identifier for the state where this form will be sent (receiving state)	Date: Enter date when this form is being prepared. (05/14/2008)	Type of supervision: <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Other: Identify the offender's status. If "other," explain	Is this case: Check either if applicable <input type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Victim sensitive
From: Enter the 2 letter identifier for the state where this form is sent from (sending state)	Phone #: Enter 10-digit telephone number (999-999-9999) of the Interstate Compact office completing this request	Fax #: Enter 10-digit fax number (999-999-9999) of the Interstate Compact office completing this request	

OFFENDER INFORMATION

Offender's full name (last, first, MI): Enter name as it appears on court documents	Offender number: Enter the offender's identifying number(s) Sending state #: Receiving state #:
AKA: Enter all of the offender's known aliases	

SS#: (if available) Enter social security # (999-99-9999)	FBI#: (if available) Enter Federal Bureau of Investigation identification #	Sex: Enter M or F	Race: Enter race of offender (White, Black, Asian, American Indian)	DOB: Enter the offender's date of birth (05/14/2008)
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RESPONSE

Check the appropriate response to a Violation Report received

- This acknowledges receipt of your violation report dated: Note the date of the Violation Report received
- Your recommendation is under review and a decision will be forthcoming. Be sure to follow-up with another report within an appropriate time frame
- Continue supervision and notify upon disposition of pending charges.
- Continue supervision and apply any appropriate sanctions.
- Warrant issued. Keep us apprised of offender's availability for retaking.

Conduct probable cause hearing and forward hearing examiner's findings. [See Rule 5.108 for Probable Cause requirements.](#)

Other (explain): [This response requires a detailed explanation.](#)

Supervising Officer/Location:
[Name/Office/Contact Information of Supervising Officer](#)

Date: [Date Officer completed form](#)

Compact Administrator/Designee:
[Name/Office/Contact Information of Interstate Compact Office staff who processed this form](#)

Date: [Date Compact office processed form](#)

[Help Document](#)