



**Interstate Commission for Adult Offender Supervision**

(Revised 4/16/08)

**OFFENDER VIOLATION REPORT**

A receiving state is required to notify a sending state of significant violations of conditions of supervision by an offender within 30 calendar days of discovery

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

**OFFENDER INFORMATION**

<b>Offender's full name (last, first, MI):</b> Enter name as it appears on court documents	<b>Offender number:</b> Enter the offender's identifying number(s) Sending state#:                      Receiving state#:			
<b>AKA:</b> Enter all of the offender's known aliases				
<b>SS#:</b> (if available) Enter social security #(999-99-9999)	<b>FBI#:</b> (if available) Enter Federal Bureau of Investigation identification #	<b>Sex:</b> Enter M or F	<b>Race:</b> Enter race of offender (White, Black, Asian, American Indian)	<b>DOB:</b> Enter the offender's date of birth (05/14/2008)

**TYPE OF REPORT** (check all that apply) Identify type of violation

- Violation(s) without arrest
- Arrest
- Absconder
- Conviction

**RECOMMENDATION** Identify specific action requested by receiving state

- Order offender to return to sending state
- Warrant requested

**OFFENDER CUSTODY STATUS & LOCATION** Identify offender's status

- In custody, current location:
- On bond, amount: \$
- ROR (released on recognizance)

**CURRENT RESIDENCE** Enter residence information for offender

Offender resides with – name, relationship:	Phone #:		
Address:	City:	State:	Zip:

<b>EMPLOYMENT STATUS</b> Enter employment information for offender				
<input type="checkbox"/> Employed full time <input type="checkbox"/> Unemployed/reason:				
Offender's employment:				
Employer's street address:	City:	State:	Zip:	Telephone #:
Offender's employment supervisor:		Offender's job title:		
<b>NEW ARREST INFORMATION</b> Complete if offender has been arrested				
Date:	City:	County: Case #:	Arresting Agency: Case #:	
Offense description (attach offense report, if available):		Enter a complete and accurate description of the offense this offender is charged with committing.		
<b>CURRENT SPECIFIC VIOLATIONS</b> (Specify violation and provide all details to support the violation below*, including evidence, witnesses' names, and witnesses' contact information)				
Violation List details of individual violations associated with this report			Date occurred (example 05/14/2008)	
1				
2				
3				
4				
5				
*Details of current violation(s):				
Previous Violation		Date of Report	Date of Response	
List details of previous violation reports submitted associated with this offender		(example 05/14/2008)	(example 05/14/2008)	
1				
2				
3				
4				
5				
Offender's compliance to prior sanctions following violation:				
<b>ABSCONDING INFORMATION</b>				
Last known address: List the last known address where the offender has been known to reside. Include other residents, 10 digit telephone number, etc., if available.				
Last known employment information: List the last known employment where the offender has been known to work. Include supervisor's name, 10 digit telephone number, etc., if available				
Date of last face-to-face contact with offender: (example: 05/14/2008)				
Details of how offender was determined to be an absconder: List specific and detailed actions taken by officer to determine offender absconded. Attach any supporting documentation, if available				
<b>NEW CONVICTION INFORMATION</b> Complete if offender has been convicted in court				

Offender Violation Report [Help Document](#)

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Date of sentence:		Offense(s):		<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Other						
Disposition:		<input type="checkbox"/> Guilty	<input type="checkbox"/> Not guilty	<input type="checkbox"/> No contest	<input type="checkbox"/> Charges withdrawn							
Name and location of court:				complete address of the court		Case #:						
Sentence: Enter complete sentence imposed by the court including any fines, fees, other penalties or instructions												
If incarcerated, name and address of holding agency:												
<b>ATTACHMENTS</b> Check appropriate box(es) below of supporting documents if accompanying this report												
Check all information that is attached to this form: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Police report</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Other documentation regarding violation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Toxicology report</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Preliminary findings report</td> <td style="border: none;"></td> </tr> </table>							<input type="checkbox"/> Police report	<input type="checkbox"/> Other documentation regarding violation	<input type="checkbox"/> Toxicology report		<input type="checkbox"/> Preliminary findings report	
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<input type="checkbox"/> Preliminary findings report												
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							

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