



Interstate Commission for Adult Offender Supervision

(Revised 10/18/06)

NOTICE OF DEPARTURE

At the time of an offender's departure, the sending state shall notify the receiving state of the departure and the offender's instructed arrival

To: (Receiving State) Enter the 2 letter identifier for the state where this form will be sent	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: (Sending State) Enter the 2 letter identifier for the state where this form is sent from	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)

DEPARTURE

Departure date: Enter departure date of offender (05/14/2008)	Mode of Travel: Enter the method of travel to be used to travel (Personal Auto, Bus, Airplane, Train, etc.)			
Must arrive by (date): Enter arrival date of offender (05/14/2008)	List reporting instructions Offender to report by: <input type="checkbox"/> phone <input type="checkbox"/> in person	<input type="checkbox"/> within hours of arrival	<input type="checkbox"/> immediately upon arrival	
Report to address:		City:	State:	Zip:
Report to: <input type="checkbox"/> Officer of the Day <input type="checkbox"/> Other:			Phone #: Enter 10-digit telephone number (999-999-9999)	

		of the officer	
Comments: Enter any applicable comments regarding the offender's departure			
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