



Interstate Commission for Adult Offender Supervision

(Revised 10/18/06)

OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER

An application for transfer of supervision of an offender shall contain a copy of the original signed "Offender Application for Interstate Compact Transfer"

To: Enter the 2 letter identifier for the state where this form will be sent	Date: Enter date when this form is being prepared	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	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)

I, **(Offender's Name)**, am applying for transfer of my parole/probation/other supervision from _____ (sending state) to _____ (receiving state). I understand that this transfer of supervision will be subject to the rules of the Interstate Commission for Adult Offender Supervision.

I understand that my supervision in another state may be different than the supervision I would be subject to in this state. I agree to accept any differences that may exist because I believe that transferring my supervision to _____ (receiving state) will improve my chances for making a good adjustment in the community. I ask that the authorities to whom this application is made recognize this fact and grant my request for transfer of supervision.

In support of my application for transfer, I make the following statements:

1. If I am allowed to transfer my supervision to _____ (receiving state), I plan to live with _____, at (full address/telephone #) _____ until I am allowed by the supervising authorities to change my residence.
2. I will comply with the terms and conditions of my supervision that have been placed on me, or that will be placed on me by _____ (sending state) and _____ (receiving state).

3. I understand that if I do not comply with all the terms and conditions that the sending state or the receiving state, or both, placed on me, that it will be considered a violation and I may be returned to the sending state.
4. I agree to the release of any drug or alcohol treatment information from _____ (sending state) to any authorized person in _____ (receiving state) for the purpose of transferring my supervision. This consent remains in effect from this date (today's date) until I revoke this consent.
5. I agree to return to _____ (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly called the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending or receiving state. Therefore, I agree that I will not resist or fight any effort by any state to return me to the sending state and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

Offender's signature: _____

Date: _____

Printed name: _____

Witness: _____

Date: _____

Printed name: _____

