



Interstate Commission for Adult Offender Supervision

(Revised 2/4/08)

REQUEST FOR REPORTING INSTRUCTIONS

Reporting Instructions may be requested for an offender who is requesting immediate transfer to another state prior to official acceptance. It is important to note that very specific time limits are designated for such requests in accordance with the ICAOS Rules.

To: 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 any, if applicable <input type="checkbox"/> Victim sensitive Is this offender required to register as a sex offender in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State
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)

REASON FOR REQUESTING REPORTING INSTRUCTIONS

Select from 1 of the reasons below. All reasons must be verified by the sending state.

<input type="checkbox"/> 1. Probationer living in receiving state at time of sentencing. Must be requested within 7 days of sentencing or release from incarceration of 6 months or less and released to probation supervision. Only reason in which non-sex offenders may be granted a travel permit prior to a request for reporting instructions response <i>*sex offenders must remain in sending state until reporting instructions are issued</i>	<input type="checkbox"/> 4. Live with family who are military members. Offender must live with the active military family (deployed by the military to another state) in the sending state and continue to reside with them in the receiving state
<input type="checkbox"/> 2. Transferred offender returning to sending state. For returning offenders, only reporting	<input type="checkbox"/> 5. Employment transfer of family member to another state. Offender must live with the family

instructions are issued and offender departs, a case closure may be submitted		member in the sending state and continue to reside with family member in the receiving state. The transfer must be made by the family member's full-time employer	
<input type="checkbox"/> 3. Military member. Offender must be deployed to another state by the military		<input type="checkbox"/> 6. Expedited, explain: The sending state must agree to emergency reporting instructions. State here what the emergency reason is.	
Justification for Expedited: If an emergency, thoroughly explain the expedited reason for reporting instructions in great detail			
RESIDENCE (Must be Verified)			
Offender will reside with: Name of person(s) offender will reside with. Enter "self" if the offender will live alone		Relationship: Enter the offender's relationship to the person whom they plan to reside with	Telephone #: Enter 10-digit telephone number (999-999-9999) of the residence or person whom the offender plans to reside
Street address: Complete address for the offender's proposed residence	City:	State:	Zip:
Verified by: Complete name and contact information for the officer verifying the offender's proposed residence		Date: Enter the date (05/14/2008) the residence information was verified	
EMPLOYMENT (Must be Verified)			
Offender's employment: Name of the business offender will be employed by			
Employer's street address: Complete address for the offender's proposed employment	City:	State:	Zip:
			Telephone #: Enter 10-digit telephone number (999-999-9999) of the offender's proposed employer
Offender's employment supervisor: Name of the offender's supervisor		Offender's job title: Job title at proposed employment	
Verified by: Complete name and contact information for the officer verifying the offender's proposed employment		Date: Enter the date (05/14/2008) the employment information was verified	
OFFENSE INFORMATION			
<input type="checkbox"/> Felony Check the appropriate box(es) for the type of offenses in which the offender is under supervision. <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Deferred			
Instant offense(s): List, without using local abbreviations, the exact name(s) of the offenses for which the offender is under supervision	Description(s) (if a sex offense, include age of victim(s)): Describe in detail the offense(s)	Length of sentence: Enter the total length of sentence imposed on the offender	
Supervision start date(s): Enter each start date (05/14/2008) of each supervision period imposed on the offender	Supervision expiration date(s): Enter each end date (05/14/2008) of each supervision period imposed on the offender		
Special Conditions: Check whether special conditions were imposed as part of the offenders sentence <input type="checkbox"/> Yes <input type="checkbox"/> No	List Conditions: List each special condition imposed on the offender		

HISTORICAL INFORMATION			
<i>Note whether this offender has a history of assault or sex offense(s) Explain below</i>			
History of assault: <input type="checkbox"/> Yes <input type="checkbox"/> No		History of sex offense: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain all "Yes" checks:			
Supervising Officer/Location: Name/Office/Contact Information of Supervising Officer	Date: Date (05/14/2008) Officer completed form	Compact Administrator/Designee: Name/Office/Contact Information of Interstate Compact Office staff who processed this form	Date: Date (05/14/2008) Compact office processed form
RESULTS			
<i>Below is completed by the receiving state. Leave blank</i>			
Reporting instructions are: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Reason for denial:	
Date to report:		Offender to report: <input type="checkbox"/> by 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 #:
Comments/Special Instructions:			
Receiving Compact Administrator/Designee:		Date:	