

 Interstate Commission for Adult Offender Supervision (Revised 10/18/06)		CASE CLOSURE NOTICE At the time a receiving state closes supervision, a case closure notice shall be provided to the sending state		
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 #	Sex: Enter M or F	Race: Enter race of offender (White, Black, Asian, American Indian)	DOB: Enter the offender's date of birth (08/14/2004)
Instant offense: List, without using local abbreviations, the exact name(s) of the offenses for which the offender is under supervision		Supervision termination date: Maximum sentence expiration date.		
Last known address: complete last known address of offender; include number, street, apt #, city, state & zip				
Last known employment: list the last known employer of the offender				
REASON FOR CLOSURE Click the proper box to identify reason(s) for closure.		CLOSURE DATE Enter the date of closure (08/14/2004)		
<input type="checkbox"/> Early discharge from supervision from sending state				
<input type="checkbox"/> Term of supervision has ended				
<input type="checkbox"/> Offender has returned to sending state				
<input type="checkbox"/> Absconded				
<input type="checkbox"/> Serving new sentence in receiving state (please explain)*				
<input type="checkbox"/> Retaken by sending state				
<input type="checkbox"/> Notification of death				
<input type="checkbox"/> Other (please explain)*				
* Explanation		Comments:		

For each box checked with an asterisk, explain in detail the closure. Be very specific and detailed	Be very specific and detailed
---	-------------------------------



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