INTERCOUNTY TRANSFER OF SUPERVISION APPLICATION

By approval of Sending County Name			County Adult Probation and Parole Department,		
I,	Senaing Coun	ity Name	hereby re	quest transfer of supervi	sion and services
-,	Offender's Name				
to	Receiving County Name	Cou	nty.		
Propo	sed Inter-County Plan	DESIDENC	CY INFORMATION	NI	
	I am a resident	KLSIDLING	ON WATE	•	
	I will be a resident	Na	ame of Person residing	g with and Description of Relations	ship to the Offender
	I am not a resident of this	county, however I			
	Am a College Studen	ot St	reet Apt.		
	Other.	Ci	ty	State	Zip
		Te	elephone No.		
		INCOME	INFORMATION		
	I have employment in this				
	I have an offer of employr	ment in this county \overline{Na}	me of Employer OR S	Source of Income	
	I have visible means of su	ipport in this county			
		Sti	reet Apt.		
	:	Cit	ty	State	Zip
		Te	lephone No.		
			торионо тчо.		
the su applic	erstand that because supervipervision I would receive in cation. I hereby accept any comply with all special conditions.	this county and the sup differences in the superv	ervision I will rece vision which will be	eive in the county to which I e provided.	am making an
	governing supervision of the		,,,,,,,		
When	duly ordered by the Court	of Lehigh County , Iv	will return to the c	ounty when notified.	
I unde	erstand that failure to comply	y with the above will be	considered a viola	ition of the terms and condi	tions of supervision
	nich I may be arrested and to	•			
	E READ THE ABOVE OR NING AND AGREE THERE		AND EXPLAINED	TO ME, AND I UNDERST	AND IT'S
Signatui	re of Applicant	Date	Probation Officer	or Witness/Title	Date
			Chief Probation C	Officer or Designee	Date