



# Interstate Commission for Adult Offender Supervision

## OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER

### SECTION 1: STATE INFORMATION

To:	Date:	Phone #:
From:		Fax #:

### SECTION 2: OFFENDER INFORMATION

Offender's full name (Last, First, MI):		Offender number:		
		Sending State #:	Receiving State #:	
AKA:				
SS# (if available):	FBI# (if available):	Sex:	Race:	DOB:

I, \_\_\_\_\_, am applying for transfer of my parole/probation/other supervision from \_\_\_\_\_ (sending state) to \_\_\_\_\_ (receiving state). I understand that the transfer of my supervision is a privilege and not a right, and that my transfer and 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, and that the receiving state will determine the manner in which I will be supervised. 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 FULLY UNDERSTAND AND ACKNOWLEDGE ALL OF THE ABOVE CONDITIONS AND FREELY AND KNOWINGLY WAIVE ANY CHALLENGE TO THESE REQUIREMENTS OF TRANSFER, INCLUDING THE CONDITIONS OF SUPERVISION IN THE STATE TO WHICH I REQUEST TRANSFER. In doing so I respectfully request the authorities to whom this application is made to consider my request for transfer of supervision.

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

- 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).
- 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 there may be consequences including return to the sending state.
- 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.
- 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: \_\_\_\_\_