

## **WORKSHEET FOR OFFENDERS REQUESTING TRANSFER**

Complete this form legibly prior to meeting with your parole agent/probation officer so they have the information necessary to determine your eligibility and feasibility for transfer through the Interstate Compact for Adult Offender Supervision. While under probation or parole supervision, you can never reside outside the Commonwealth of Pennsylvania without permission from your probation officer/parole agent based on these federally mandated rules. Information regarding the compact is available at <a href="https://www.interstatecompact.org">www.interstatecompact.org</a>.

If you are not planning to remain in the other state for more than 45 consecutive days, your case may not require transfer through the Interstate Compact. Talk to your officer/agent about the possibility of obtaining a temporary travel permit.

All offenders convicted of felonies or eligible misdemeanors, with 90 days or more of supervision remaining, must be transferred through the compact. If you are currently on supervision for a misdemeanor offense, check with your officer/agent to determine your offense eligibility.

You must be compliant with your Pennsylvania supervision (counseling, treatment, reporting, payments, etc.), have a means of support and a valid plan in the other state to be considered for transfer.

You will be required to pay a \$125 Interstate Transfer Application fee for each transfer request submitted. You will be required to sign an *Offender Application for Interstate Compact Transfer* that is an expressed waiver of extradition and states that you agree to abide by the conditions of supervision of both Pennsylvania and the other state.

## **GENERAL QUESTIONS FOR ALL PROPOSED TRANSFERS**

| ? | Are you required to register with Megan's Law as a sex offender?  Yes No  |
|---|---|
| ? | Are there any current PFAs protecting you or protecting someone else from you?  |
|   |   |
| ? | Is there a history of violence (domestic or otherwise) relative to anyone residing at or visiting the proposed residence in the other state? Yes No  If yes, explain and provide details: |
|   |   |
|   |   |
| ? | Do you have employment?  Yes  No  If yes, provide the name, address and contact information of the employer/company and the amount of your earnings:                                      |
|   |   |

| 0          | If not, what will be your means of financial support in the state where you plan to reside?   |
|------------|---|
| ) Do       | o you own the property in the other state where you plan to reside?   |
| <br><br>Ar | re any of the following in the proposed home:  firearms   weapons   alcohol   illegal drugs?  |
| 0          | ☐ Yes ☐ No If yes, check the above item that is in the home. Will it be removed? ☐ Yes ☐ No   |
|            | ovide the full address and contact information of the person/s with whom you were living on the date you ere sentenced in court for this offense:   |
| RI         | EASONS FOR REQUESTING TRANSFER  |
| W          | ere you <u>residing</u> in the state where you plan to reside <u>on the date you <b>committed</b> this offense</u> ?  Tes No  |
| 0          | If no, continue to question #2.  If yes, provide a timeline with dates of where you lived starting one year prior to the commission of the offense up until today (include periods of incarceration, inpatient treatment or military service during that year, if applicable.): |
| _          |   |
| _          |   |
| _          |   |
| _          |   |
|            |   |
|            |   |

|   | o you have a parent/step-parent, grandparent, spouse, adult sibling, adult child, aunt/uncle, or legal gua<br>the other state who has been living there for six months or longer and are willing and able to assist you<br>Yes No |  |  |  |
|---|---|--|--|--|
| _ | If no, continue to question #3.   |  |  |  |
| 0 | If yes, provide name, relationship, address and contact information (provide documentation such as marriage certificates/licenses to your officer/agent):   |  |  |  |
|   |   |  |  |  |
| 0 | How long have they lived in the other state?  |  |  |  |
| 0 | How are they willing and able to assist you?  |  |  |  |
|   |   |  |  |  |
| 0 | Do you plan to reside in the home of this family member? ☐ Yes ☐ No  If yes, what is their source and amount of income and is it sufficient to support you if you are not employed?   |  |  |  |
|   | If not, what is the address where you plan to live and with whom (name and relationship) and what is the proximity of this other residence to the family member's residence?  |  |  |  |
|   |   |  |  |  |
| 0 | Describe the residence where you plan to reside (3 bedroom house in the city, 1 bedroom apartment in an apartment complex, a studio apartment above a garage in the country, 2 bedroom trailer in a trailer park, etc.).          |  |  |  |
|   |   |  |  |  |
| 0 | Who else resides in the residence? Include ages and relationships.  |  |  |  |
| _ |   |  |  |  |
|   |   |  |  |  |
| 0 | Will you have your own room or living space?  |  |  |  |

| 3 | Are         | e you an active member of the U.S. military being relocated through military orders?  Yes No                    |
|---|-------------|---|
|   | 0           | If no, continue to question #4  |
|   | 0           | If yes, provide a copy of the military orders to your officer.  |
|   |             |   |
| 4 |             | you need to relocate because the active U.S. military family member with whom you currently reside in PA        |
| 4 | has         | s received military orders to relocate to another state?  |
|   | •           | ☐ Yes ☐ No  |
|   | 0           | If no, continue to question #5.   |
|   | 0           | If yes, provide a copy of the military orders and the name and relationship to the family member:               |
|   |             |   |
|   | ■ Ara       | e you a military veteran being referred by a Veterans Administration doctor to a Veterans Administration        |
| 5 |             | cility in another state for medical or mental health services?  |
|   | 0           | If no, continue to question #6.   |
|   | 0           | If yes, provide a copy of the referral paperwork and sign a release of information to allow communication       |
|   |             | between your officer and representatives from that facility.  |
|   |             |   |
| 6 |             | s the company where you are currently employed in Pennsylvania informed you that you must transfer your         |
|   | em          | nployment to another state as a condition of maintaining your employment with that company?                     |
|   |             | Yes No  |
|   | 0           | If no, continue to question #7.   |
|   | 0           | If yes, provide a copy of a letter from the company on company letterhead explaining the reason for the         |
|   |             | employment transfer.  |
|   | <b>■</b> Do | you need to relocate because the person with whom you currently reside in Pennsylvania has been informed        |
| 7 |             | at they must transfer employment to another state as a condition of maintaining their employment with that      |
|   |             | mpany?  |
|   | 0           | If no, continue to question #8.   |
|   | 0           | If yes, provide a copy of a letter from the company on company letterhead explaining the reason for the         |
|   |             | family member's employment transfer and the name and relationship to the family member:                         |
|   |             |   |
|   | _           |   |
| 8 |             | you have a reason to request transfer that is not covered by the previous questions (i.e.: college acceptance,  |
|   |             | w employment opportunity, friend plan with job offer, etc.)? Provide details and documentation of your plan     |
|   |             | d explain how relocating to the other state will provide better opportunities for successful completion of your |
|   | Sup         | pervision term, despite not having any connection to that state.  |
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