

Interstate Corrections Compact Transfer Request Form

(This form is not intended as a replacement for your packet. Please include the usual packet material.)

From: _____ To: _____ Request Type: () Voluntary () Invol. () Protection () Mngmnt. () Family

Inmate Number: _____ Inmate Name: _____

Age: _____ DOB: _____ Race: _____ Sex: _____

Current Offense: _____

Sentencing Date: _____ Sentence to: Years _____ Months _____ Days _____

Reason for ICC transfer request: _____

Inmate is currently in: () General Population () Isolation () Segregation () Other _____

Due to: _____

Release dates from incarceration:

Min. release date: _____ Max. release date: _____ or Parole release date: _____
(if applicable)

Current Custody: () Minimum () Medium () Close or Security Level _____

Other (please explain): _____

List any: Escapes: Date _____ Details _____

Date _____ Details _____

Detainers: Date _____ Jurisdiction _____

Number of Lawsuits filed against the ADOC in the last 3 years _____ Reason _____

Gang Affiliation: Yes () No () If yes, please provide name of gang: _____

Please provide geographical area of operation (i.e. local or national affiliation and subject's role in gang if known, i.e. leader/member or any other pertinent information) _____

Substance Abuse Issues: Yes () No () If yes, please check all of the following that apply:

() Severe SA () Recreational SA () Needs Treatment

() Complete Treatment () Refused Treatment

Court Ordered Treatment (if any): _____

Please attach: 1. PSI to include Prior Criminal Offense History

2. Printout of Institutional Disciplinary Reports with dispositions

3. Update Psychological Report

4. Update Progress Report

Please attach this form to the top of the Interstate Corrections Compact Application and Packet