# Application for Transfer

## SECTION 1: INTERSTATE COMPACT TRANSFER INFORMATION

**Sending State** _____ **Receiving State** _____ Visit the ICAOS directory for current contact information

**Supervised Individual Name** _____

**Known Alias(es)** _____

**Sex** _____ **Race** _____ **DOB** _____ **SS# (if available)** _____

**State ID#(s)** _____ **FBI# (if available)** _____

## SECTION 2: REQUEST TO TRANSFER SUPERVISION AGREEMENT

I, _____, request to have my supervision transferred from _____ to _____ . I understand that this transfer is a privilege, not a right, and that my transfer and supervision are subject to the rules of the Interstate Commission for Adult Offender Supervision.

I understand that supervision practices and requirements may be different than the supervision I would be subject to in _____ , and that the receiving state determines how I will be supervised. I accept those differences because I believe transferring to _____ will help me better succeed on supervision and in the community.

In support of my request a transfer of supervision, I agree to the following:

1. I will comply with all supervision terms and conditions imposed on me by _____and _____.
2. I understand that failing to comply with the terms or conditions set by either state, I will face consequences, up to and including return to the sending state.
3. I authorize the release of any drug or alcohol treatment records for the purpose of transferring my supervision. This consent is effective as of _____until I revoke this consent.
4. I agree to return to _____ at any time as directed by either the sending state or 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.

**I HEREBY VOLUNTARILY AND KNOWINGLY WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I fully understand and acknowledge the conditions of transfer, including the terms of supervision in the state to which I request transfer, and I waive any right to challenge these conditions. By signing below, I respectfully request that the authorities consider my application for transfer of supervision.**

Supervised Individual's Signature: _____ Date: _____

Printed Name:

Witness Signature: _____ Date: _____

Printed Name: