

**OKLAHOMA DEPARTMENT OF CORRECTIONS
COMPACT TRANSFER REQUEST COVER SHEET**

DATE: _____

NAME: _____ ODOC NUMBER: _____

CURRENT INSTITUTION: _____ REQUESTING TRANSFER TO: _____

PROJECTED RELEASE DATE: _____ CURRENT SECURITY CLASS: _____

INCARCERATED CRIME(S): _____

CRIMINAL INFORMATION/CIRCUMSTANCES OF CRIME(S): _____

REASON FOR REQUEST: _____

DOES THE INMATE HAVE FAMILY OR OTHER TIES IN THE PROPOSED RECEIVING STATE? YES NO
(IF YES, EXPLAIN AND PROVIDE NAME, ADDRESS, AND EXPLAIN RELATIONSHIP)

WORK HISTORY: _____

MISCONDUCT HISTORY: _____

PROGRAM PARTICIPATION: _____

ATTITUDE/RELATIONSHIP: _____

RECOMMENDATION APPROVED/DENIED BY: _____

Facility Head