OKLAHOMA DEPARTMENT OF CORRECTIONS INTERSTATE COMPACT REQUEST

DATE:		
TO:		, Compact Coordinator Corrections Compact Classification and Population P.O. Box 261 Lexington, OK 73051
THRU:		, Administrator of
THRU:		, Facility Head
FROM:		, Correctional Case Manager
RE:	Inmate Name and ODOC#	

CONTENTS:

- 1. "ODOC Compact Transfer Request Cover Sheet," (Attachment B), signed by the facility head
- 2. "ODOC Compact/Contract Transfer Application," (Attachment A), if applicable
- 3. Copies of all CRCs for each of the inmate's incarcerations
- 4. Copies of judgment and sentences for each of the offenses for which the inmate is currently incarcerated
- 5. Copies of judgment and sentences for each of the inmate's previous incarcerations
- 6. Copy of NCIC report
- 7. Copy of fingerprint card
- 8. Copy of inmate photo from OMS
- 9. Written evaluation completed by the inmate's case manager
- 10. Copy of Inmate Profile Screening (misconduct) from OMS
- 11. Current "Medical Transfer Summary (DOC 140113A
- 12. Current psychological summary
- 13. Copies of pre-sentence investigation(s) District Attorney's narrative(s), affidavits
- 14. Copies of active detainer/warrants/pending charges