Agreement on Detainers: Form IV

In the case of an inmate's request for disposition under Article III, copies of this form should be attached to all copies of Form II (Attachment C). In the case of a request initiated by a prosecutor, this form should be completed after the Governor has indicated his approval of the request for temporary custody or after the expiration of the 30 day period. Copies of this form should then be sent to all officials who previously received copies of Form III (Attachment D). One copy also should be given to the prisoner and one copy should be retained by the warden. Copies mailed to the prosecutor should be sent by certified or registered mail, return receipt requested.

OFFER TO DELIVER TEMPORARY CUSTODY

			Date
TO: _	Prosecuting Office		
		iliseit ivai	ne and ride if Known
			Jurisdiction
	o all other prose		ourts of jurisdictions listed below from which indictments,
RF·			ODOC Number
	R SIR:	Inmate	
the ur autho inform for cu	ndersigned hereby writy in your state nation, or compla astody of Da	y offers to deliver tempor in order that speedy int which is (described).	Agreement on Detainers between this state and your state, or ary custody of the above-named prisoner to the appropriate and efficient prosecution may be had of the indictment, in the attached inmate's request) (described in your request
(The i	required Certificates (Attachment D)	e of Inmate Status (Att was sent to you with o	achment D) is enclosed.) (The required Certificate of Inmate ur letter of). Date
			ement are indicated, an explanation is attached.
in you	ur state and you a	re hereby authorized t	ng the following offenses also are pending against the inmate o transfer the inmate to custody of appropriate authorities in ng of these indictments, information, or complaints.
		Offense	County or Other Jurisdiction
	ı do not intend to y acknowledge:	bring the inmate to tria	I, will you please inform us as soon as possible? Name and Title of Custodial Authority
		BY:	
		-	Warden—Facility headAdministrator
			Institution and Address
A.	My counsel is _		Name of Counsel
	whose address	is	treet, City, and State
_			Tool, Oily, and Olalo
B.	request the co	urt to appoint counsel.	Inmate's Signature

(R 08/22)