Interstate Transfer Checklist

Inmate Name:	ODOC#:
Receiving State:	Address:
Resident:	Relationship:
Phone Number:	Employment:
Projected Release Date:	Parole Probation
investigation) *information regarding reduced of District Attorney Narrative are not *include Judgment and Senter Conditions of Supervision (rule • Split Sentence (rules and Clerk) • Parole (signed parole cert • Post Imprisonment Supervision, Attachment L) Any orders restricting contact on rules and conditions) Any known orders protecting person (VPOs) Sex Offender Registration (if approach is the second of the s	es and conditions) d conditions from the sentencing county Court tificate; front and back) vision Rules and Conditions -Signed (ODOC OP- t with victims or others (VPO, or contact order g the offender from contact with any other pplicable) s as in ODOC OP-020307; Attachment B (Sex e of Duty to Register form)
Notice of Duty to Register) Institutional History Narrative	om and mary rappy violent onine onenders
mental health status and miscond	•
Court Ordered Financial Obliga	ations (court costs, restitution, fines, etc.)

Once all information is received and entered into ICOTS, the Offender Application will be created and returned for signature from the offender and a witness. This must be returned to the ICOTS office to complete the transfer packet.

****PLEASE INCLUDE CURRENT CRC AND INMATE PROFILE****