## SEX OFFENDER CASE TRANSFER FORM

| Date:        |                            |                                                |   |
|--------------|----------------------------|------------------------------------------------|---|
| То:          |                            |                                                |   |
| From:        |                            |                                                |   |
|              |                            | fer the following sex offender to your officed | е |
| RE:          | Sex Offender:              |                                                |   |
|              | ODOC#:                     |                                                |   |
|              | Address:                   |                                                |   |
|              |                            |                                                |   |
|              | Home Phone:<br>Work Phone: |                                                |   |
| Directions:  |                            |                                                |   |
|              |                            |                                                |   |
| Comments:_   |                            |                                                |   |
| Accepted     | Denied                     |                                                |   |
| Reason for d | enial:                     |                                                | _ |
| Signed:      |                            | Date:                                          | _ |
| Title:       |                            |                                                |   |
| Team Superv  | visor:                     |                                                |   |

(R 12/21)