

**Agreement on Detainers: Form II**

Five copies, if only one jurisdiction within the state involved has an indictment, information, or complaint pending. Additional copies will be necessary for prosecuting officials and clerks of court if detainees have been lodged by other jurisdictions within the state involved. One copy should be retained by the inmate. One signed copy should be retained by the warden. Signed copies must be sent to the agreement administrator of the state which has the inmate incarcerated, the prosecuting official of the jurisdiction which placed the detainer, and the clerk of the court which has jurisdiction over the matter. The copies for the prosecuting officials and the court must be transmitted by certified or registered mail, return receipt requested.

**INMATES' NOTICE OF PLACE OF IMPRISONMENT AND REQUEST FOR DISPOSITION OF INDICTMENTS, INFORMATION, OR COMPLAINTS**

To: \_\_\_\_\_, Prosecuting Officer \_\_\_\_\_  
Jurisdiction \_\_\_\_\_  
\_\_\_\_\_, Court \_\_\_\_\_  
Jurisdiction \_\_\_\_\_

and to all other prosecuting officers and courts of jurisdictions listed below from which indictments, information, or complaints are pending.

You are hereby notified that the undersigned is now imprisoned in

\_\_\_\_\_ at \_\_\_\_\_  
Institution Town and State

and I hereby request that a final disposition be made of the following indictments, information, or complaints now pending against me: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Failure to take action in accordance with the Agreement on Detainers, to which your state is committed by law, will result in the invalidation of the indictments, information, or complaints.

I hereby agree that this request will operate as a request for final disposition of all untried indictments, information, or complaints on the basis of which detainees have been lodged against me from your state. I also agree that this request shall be deemed to be my waiver of extradition with respect to any charge or proceeding contemplated hereby or included herein, and a waiver of extradition to your state to serve any sentence there imposed upon me, after completion of my term of imprisonment in this state. I also agree that this request shall constitute a consent by me to the production of my body in any court where my presence may be required in order to effectuate the purposes of the Agreement on Detainers and a further consent voluntarily to be returned to the institution in which I now am confined.

If jurisdiction over this matter is properly in another agency, court, or officer, please designate the proper agency, court, or officer and return this form to the sender.

The required Certificate of Inmate Status (Attachment D) and Offer of Temporary Custody (Attachment F) are attached.

Dated \_\_\_\_\_  
Inmate's Name and ODOC Number

The inmate must indicate below whether he has counsel or wishes the court in the receiving state to appoint counsel for purposes of any proceedings preliminary to trial in the receiving state, which may take place before his delivery to the jurisdiction in which the indictment, information, or complaint is pending. Failure to list the name and address of counsel will be construed to indicate the inmate's consent to the appointment of counsel by the appropriate court in the receiving state.

A. My counsel is \_\_\_\_\_  
Name of Counsel  
whose address is \_\_\_\_\_  
Street, City, and State

B. I request the court to appoint counsel. \_\_\_\_\_  
Inmate's Signature