

**AGREEMENT ON DETAINERS: FORM V-B  
INMATE'S AGREEMENT TO TEMPORARY TRANSFER OF CUSTODY**

I \_\_\_\_\_  
(Inmate's Full Name) (ODOC Number)

am currently incarcerated at \_\_\_\_\_  
(Institution)

\_\_\_\_\_  
(Address)

Without admitting any guilt or innocence, I acknowledge that I am the same person named in the attached request for temporary custody (Form V, Attachment F)). I have been informed of the charges against me by the undersigned judge. I have been advised that I am entitled to legal counsel and to challenge the request for temporary custody by filing a petition for writ of habeas corpus within thirty (30) days. I have also been advised that the Governor may intercede on my behalf within thirty (30) days of the receipt of the request for temporary custody either upon his/her own motion or upon a motion from me. I hereby waive my right to legal counsel and my right to file a petition for writ of habeas corpus and waive the thirty (30) day period so that I may be transferred as soon as possible.

I also agree that by signing this statement I am waiving extradition to the state of \_\_\_\_\_ for trial on all pending charges and waiving extradition 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 court where my presence may be required in order to effectuate the purposes of the Agreement on Detainers and I further consent voluntarily to be returned to the institution in which I am now confined.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Inmate's Signature)

(Typed or Printed): \_\_\_\_\_  
(Inmate's Name and ODOC Number)

\_\_\_\_\_  
(Judge)

Court: \_\_\_\_\_

Judicial District: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone No.: \_\_\_\_\_