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| FDC Seal_Digital.png  **FLORIDA INTERSTATE COMPACT** | | | | | | | | | **REQUEST FOR**  **REPORTING**  **INSTRUCTIONS** | | | | |
| To:  **Select Receiving State** | | | Date: | | | | Type of supervision:  Probation | | | | Is this case:  Victim sensitive  Registered sex offender: | | |
| **OFFENDER INFORMATION** | | | | | | | | | | | | | |  |  | Is this offender required to register as a sex offender in:  Sending State  Receiving State |
| Your Local Offender #: | | | | | | | | | | | | | |
| Offender's name (last, first, middle)  Committed:      ,      ,  True:      ,      ,  Maiden:      ,      , | | | | | | | | Known Alias (AKAs) (last, first, middle)       ,      ,       ,      ,       ,      , | | | | | |
| SS #: **Verified:**  Used:  Used: | | FBI #: (if available) | | Sex:  Choose an item. | | | | | | Race:  Choose an item. | | | DOB: |
| **OFFENSE INFORMATION – SUPERVISION CASES ONLY** | | | | | | | | | | | | | |
| County: Choose an item. | Case Number: | | | | Offense(s): | | | | | | | | |
| County: Choose an item. | Case Number: | | | | Offense(s): | | | | | | | | |
| Additional cases or comments: | | | | | | | | | | | | | |
| **Probation Supervision**  Date sentenced:  Probation Supervision period:    Y    M    D | | | | | | **Parole/CRS/ARS/Other Prison Release Supervision**  Date sentenced:  Termination of supervision date: | | | | | | | |
| **Special Conditions** (list all special conditions as ordered): | | | | | | | | | | | | Attach:  Documentation | |
| **PRIOR HISTORY** | | | | | | | | | | | | | |
| History of assault: Yes No  History of sex related arrests: Yes No | | | | | | | | | | | | **Please explain any yes answers:** | |
| **REASON – CHOOSE ONE** | | | | | | | | | | | | | |
| **Living in Receiving State at time of sentencing – For submission within 7 days of sentencing only.**  May be granted 7 day travel permit (Non-sex offenders only)  Offender’s Cell Phone number: | | | | | | | | | | | | Verified with: | |
| **Active** **military member (transferred by military)** (See page 3) | | | | | | | | | | | | Verified with:  Attach:  Military Orders | |
| **Military veteran (referred by VA for VA services)** (See page 3) | | | | | | | | | | | | Verified with:  Attach:  VA Referral, etc. | |
| **Living with Active military family member (transferred by military)**  (See page 3) | | | | | | | | | | | | Verified with:  Attach:  Military Orders | |
| **Employer mandated transfer** (See page 3) | | | | | | | | | | | | Verified with:  Attach:  Employment transfer letter | |
| **Employer mandated transfer** **of family member whom they reside with** (See page 3) | | | | | | | | | | | | Verified with:  Attach:  Employment transfer letter | |
| **Expedited/Emergency** (Explain why they need to be there prior to transfer investigation approval ) | | | | | | | | | | | | Attach:  Documentation, if applicable  *I.e.: school acceptance and enrollment*  *Job offer*  *Program acceptance and bed space* | |
| **RECEIVING STATE RESIDENCE (MUST BE VERIFIED)** | | | | | | | | | | | | | |
| **Offender will reside with**:  Name: Relationship:  Home Phone number:      Cell Phone number:  Address:  City: State: Choose an item. Zip: | | | | | | | | | | | | Verified with: | |
| **GANG INFORMATION** | | | | | | | | | | | | | |
| Has the inmate been affiliate with a gang:  Yes  No  Name of Gang: | | | | | | | | | | | **If yes attach:**  Gang related information and recent gang activity | | |
| **VICTIM INFORMATION** | | | | | | | | | | | | | |
| Is the case considered victim sensitive? (See page 3)  Yes  No | | | | | | | | | | | **If yes attach:**  Victim information including name, current address, phone & email, if available | | |
| **CONTACT RESTRICTIONS** | | | | | | | | | | | | | |
| Per supervision orders, current FCIC/NCIC, etc, is offender prohibited from contact with anyone?  Yes  No | | | | | | | | | | | **If yes attach:**  Information including name, current address, phone & email, if available | | |
| **PROTECTION ORDERS** | | | | | | | | | | | | | |
| Per FCIC/NCIC etc, is offender listed as the *petitioner* (victim) in an active protection order and to be protected?  Yes  No | | | | | | | | | | | **If yes attach:**  Information including name, current address, phone & email, if available of person not to have contact with offender. | | |
| **APPLICATION FEE** | | | | | | | | | | | | | |
| **Signed copy of the Interstate Compact Application Fee for County Misdemeanor Offenders form** | | | | | | | | | | | | | |

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**Proposed release date –** a calculated date release, rather than the current release date, assuming the offender earns eligible gaintime, is granted parole, early release, etc.

**Resident of receiving state** - a person who (1) has continuously inhabited a state for at least one year prior to either the supervision start date or sentence date for the original offense for which transfer is being requested; and (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.

**Resident family** - a parent, grandparent, aunt, uncle, adult child, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.

**Transfers of military members** *-* An offender who is a member of the military and has been deployed by the military to another state, shall be eligible for reporting

instructions and transfer of supervision.

**Transfers of veterans for medical or mental health services** *-* An offender who meets the criteria specified in Rules 3.101 (a), (b), & (c) and who is a veteran of

the United States military services who is eligible to receive health care through the United States Department of Veterans Affairs, Veterans Health

Administration and is referred for medical and/or mental health services by the Veterans Health Administration to a regional Veterans Health Administration

facility in the receiving state shall be eligible for reporting instructions and transfer of supervision provided:

(A) the sending state provides documentation to the receiving state of the medical and/or mental health referral;

**Transfer of offenders who live with family who are members of the military** - An offender who meets the criteria specified in Rules 3.101 (a), (b), & (c) and (e)(2)

and who lives with a family member who has been deployed to another state, shall be eligible for reporting instructions and transfer of supervision, provided

that the offender will live with the military member in the receiving state.

**Employment transfer of the offender to another state**– An offender who meets the criteria specified in Rules 3.101 (a), (b), & (c) and is transferred to another state

by their full-time employer, at the direction of the employer and as a condition of maintaining employment shall be eligible for reporting instructions and transfer of

supervision.

**Employment transfer of family member to another state** *-* An offender who meets the criteria specified in Rules 3.101 (a), (b), & (c) and (e)(2) and whose family

member, with whom he or she resides, is transferred to another state by their fulltime employer, at the direction of the employer and as a condition of maintaining

employment, shall be eligible for reporting instructions and transfer of supervision, provided that the offender will live with the family member in the

receiving state.

**Victim Sensitive** - a designation made by the sending state in accordance with its definition of “crime victim” under the statutes governing the rights of crime victims in the sending state. For FL ISC cases, these would be victims of serious and/or violent crimes, or any victim, etc who has an active confidential notify on file.

**If you have ANY questions regarding any section or information requested, PLEASE contact the Florida Interstate Compact Office at** [**fl.compact@fdc.myflorida.com**](mailto:fl.compact@fdc.myflorida.com)**.**