

Department of Corrections Interstate Compact Office
12157 W. Cedar Drive Lakewood CO 80228
303-763-2420
fax 303-763-2446

NOTIFICATION OF OUT-OF-STATE OFFENDER PLACEMENT

Treatment Agency Name & Address

Type of Treatment Requested

Offender Name & Address

Sending State _____ Sending State's Case # _____ Date of contact by offender _____

Supervised (fill out this section if subject is supervised by a Colorado Parole or Probation officer)

Parole Probation Date of Placement _____

Parole/ Probation Officer & Phone

Unsupervised (fill out this section if subject will not be supervised by a CO Parole or Probation officer)

Felony Misdemeanor Deferred

Resident (lived in CO > 1 year at time of commission of crime) Non-Resident

Sentencing Crime _____ Length of Sentence _____

Controlling Agency in Sending State, Contact Person, Address, & Phone

Offender DOB _____ Place of Birth _____ SSN _____

Ethnicity _____ Sex _____ Height _____ Wt _____ Eyes _____ Hair _____

Agency referred for Photos & Prints _____ Date referred _____

*Required documentation to be attached: 1. Written Justification of Placement, 2. Terms & Conditions, 3. Release of Information Waiver Form

Staff Signature _____ Date _____

Notification of O/S Offender Discharge From Program

Date closed _____ Reason: Discharged Terminated Absconded

Law Enforcement Agency Notified & Contact

Date of Notification