

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
INTERSTATE COMPACT REQUEST**

DATE:

TO: \_\_\_\_\_, Compact Coordinator  
Corrections Compact  
Classification and Population  
P.O. Box 261  
Lexington, OK 73051

THRU : \_\_\_\_\_, Administrator of \_\_\_\_\_

THRU: \_\_\_\_\_, Facility Head

FROM: \_\_\_\_\_, Correctional Case Manager

RE: Inmate Name and ODOC#

**CONTENTS:**

1. "ODOC Compact Transfer Request Cover Sheet," (Attachment B), signed by the facility head
2. "ODOC Compact/Contract Transfer Application," (Attachment A), if applicable
3. Copies of all CRCs for each of the inmate's incarcerations
4. Copies of judgment and sentences for each of the offenses for which the inmate is currently incarcerated
5. Copies of judgment and sentences for each of the inmate's previous incarcerations
6. Copy of NCIC report
7. Copy of fingerprint card
8. Copy of inmate photo from OMS
9. Written evaluation completed by the inmate's case manager
10. Copy of Inmate Profile Screening (misconduct) from OMS
11. Current "Medical Transfer Summary (DOC 140113A
12. Current psychological summary
13. Copies of pre-sentence investigation(s) District Attorney's narrative(s), affidavits
14. Copies of active detainer/warrants/pending charges