



INTERSTATE COMPACT
1131 West Sheridan
Oklahoma City, Oklahoma 73106
(405) 778-7109

INTERSTATE INVESTIGATION REQUEST

TO: _____ DATE: _____

PAROLE: _____ PROBATION: _____ ODOC NO. _____ CASE NO. _____

RE: _____ AKA: _____

DOB: _____ RACE/SEX: _____ SS# _____

FBI# _____ OSBI# _____

OFFENSE: _____ SENTENCE: _____

DATE CONVICTED: _____ COUNTY: _____ DATE OF PROBATION/PAROLE: _____

PROBATION/PAROLE PERIOD: _____ EXPIRATION DATE: _____

HOME OFFER: _____

EMPLOYMENT: _____

OTHER COMMENTS: _____

We desire to transfer this person on (Parole) (Probation) to your state: (Check proper description)

(a) _____ As a resident (c) _____ Subject has employment
(b) _____ Family resides in your state (d) _____ With your consent

PLEASE INVESTIGATE TO DETERMINE IF SUBJECT IS ELIGIBLE FOR COMPACT SERVICES.

CASE SUMMARY AND CRIMINAL RECORD ARE ATTACHED HERETO.

Probation and Parole Officer/Case Manager

Supervisor

Office/Facility

Interstate Compact Coordinator