

Printed:



Attachment E  
OP-160201

CASE TRANSFER NOTICE

From Office:

To Office:

Date Sent:

Offender Name:

ODOC Number:

Race:

Sex:

DOB:

SSN#:

Case Type:

County/CF#:  
Comments:

Sentence:  
Comments:

Offense:  
Comments:

Address (include directions):  
Comments:

Home Phone Number:

Employment:

Work Phone:

Comments:  
Comments:

You are instructed to report within 72 hours or as instructed to the address below.  
Comments:

Special Conditions/All Court Ordered Fees:  
Comments:

OFFENDER

OFFICER

TEAM SUPERVISOR