

SEX OFFENDER CASE TRANSFER FORM

Date:

To:

From:

I am requesting approval to transfer the following sex offender to your office. Please respond within five working days, per OP-160601.

RE: Sex Offender:

ODOC#:

Address:

Home Phone:

Work Phone: _____

Directions:

Comments: _____

Accepted _____ Denied _____

Reason for denial:

Signed: _____ Date: _____

Title: _____

Team Supervisor: _____