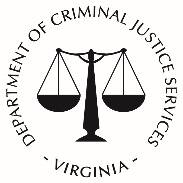
**Commonwealth of** **Virginia**

**Virginia Department of Criminal Justice Services**

Community Corrections and Pretrial Services

**TRANSFER REQUEST**

**CCCA-Probation:  PSA-Pretrial:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO: **RECEIVING** AGENCY DIRECTOR | | | | | | FROM: **SENDING** AGENCY DIRECTOR | | | |
|  | | | | | |  | | | |
| AGENCY NAME: | | | | | | AGENCY NAME: | | | |
|  | | | | | |  | | | |
| ADDRESS: | | | | | | ADDRESS: | | | |
|  | | | | | |  | | | |
| CITY: | | | | ZIP: | | CITY: | | | ZIP: |
|  | | | |  | |  | | |  |
| REASON FOR TRANSFER REQUEST: | | | | | | | | | |
|  | | | | | | | | | |
| Individual resides in (County/City): | | |  | | | | | | |
| Supervision Required to begin on | | | | | | | | | |
| DATE: |  | LAST CONTACT DATE: | | |  | | TYPE: |  | |
| ***Note: Case becomes inactive in Sending Agency on the date of transfer acceptance***. | | | | | | | | | |

**CASE INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: | | | | | | | | | | | | | RACE: | | | SEX: | | | AGE: | | DOB: | | | | Last 4 Digits SSN: |
|  | | | | | | | | | | | | |  | | |  | | |  | |  | | | |  |
| ADDRESS: | | | | | | | | | | | | | | | CITY: | | | | | | | | | | ZIP: |
|  | | | | | | | | | | | | | | |  | | | | | | | | | |  |
| HOME PHONE 1+Area Code: | | | | | CELL PHONE 1+Area Code: | | | | | | EMAIL ADDRESS: | | | | | | | | | | | | | | |
|  | | | | |  | | | | | |  | | | | | | | | | | | | | | |
| LIVES WITH – NAME & RELATIONSHIP | | | | | | | | EMPLOYER NAME/ADDRESS/PHONE | | | | | | | | | | | | | | | | | |
| NAME: |  | | | | | | | NAME: | |  | | | | | | | | | | | | | | | |
| RELATIONSHIP: | |  | | | | | | ADDRESS: | | |  | | | | | | | | | | | | | | |
|  | |  | | | | | | PHONE 1+Area Code: | | | | | | |  | | | | | | | | | | |
| COURT JURISDICTION: | | | | | | | | | | | | | | | | | | FELON:  MISD: | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| OFFENSE(S)/OTN: | | | | | | | | | | | | | | | | | | | | NET SENTENCE/BOND TYPE/AMOUNT: | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | |
| COURT REFERRAL DATE: | | | | | | COURT TYPE: | | | | | | | | | | | | | | COURT RETURN DATE: (If Applicable) | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |  | | | | | |
|  | | | |  | | | | | | | | PLACEMENT BY: JUDGE | | | | | | | | | | MAGISTRATE | | | |
| STATE PROBATION & PAROLE STATUS: NONE  ACTIVE | | | | | | | | | | | | | | | | | DISTRICT #: | | | | | | |  | |
| COURT COSTS/FINES: | | | ORIG AMT: | | | |  | | AMT DUE: | | | | |  | | | PYMT SCH: | | | | | |  | | |
| SUPERVISION FEE: | | | ORIG AMT: | | | |  | | AMT DUE: | | | | |  | | | PYMT SCH: | | | | | |  | | |
| RESTITUTION: | | | ORIG AMT: | | | |  | | AMT DUE: | | | | |  | | | PYMT SCH: | | | | | |  | | |
| OTHER: | | | ORIG AMT: | | | |  | | AMT DUE: | | | | |  | | | PYMT SCH: | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMPONENTS/OPTIONS: *Check all that apply*** | | | | **REQUIRED ATTACHMENTS** | |
|  | Community Service |  | Anger Management Services |  | Intake Form/PTCC Basic Demographics |
|  | Home Inc./Electronic Monitoring |  | Domestic Violence Services |  | Conditions of Supervision |
|  | Substance Use Evaluation/Treatment |  | Sex Offense Services |  | Release of Information |
|  | Mental Health Services |  | Behavioral Health Docket (Per Code) |  | Court Order/Warrant/Recognizance |
|  | Alcohol Testing |  |  |  |  |
| Special Considerations/Disabilities/Limitations/Addictions: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUPERVISING OFFICER** | | | | | |
| NAME: |  | | | | |
| EMAIL: |  | | | | |
| PHONE # 1+Area Code: | |  | FAX # 1+Area Code: |  | |
| **OFFICER’S DIRECT SUPERVISOR** | | | | | |
| NAME: |  | | | | |
| EMAIL: |  | | | | |
| PHONE # 1+Area Code: | |  | FAX # 1+Area Code: |  | |
| **AGENCY DIRECTOR OR DESIGNEE (SIGNATURE)**: *Check if same as above* | | | | | DATE: |
|  | | | | |  |

*\*All email transmissions of official transfer case documentation must be properly secured and encrypted.*

INTERNAL USE ONLY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Transfer Received | | Agency Representative: |  | Date: |  |
| Transfer Accepted | Denied | Agency Representative: |  | Date: |  |
| Comment: | | | | | |
|  | | | | | |
|  | | | | | |