**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:  |
|       |
|  |