

Name	DOC number	Case manager
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**This provides the guidelines for determining if a transfer request is appropriate and identifies the information needed to complete the transfer.**

### ACTIONS REQUIRED

**NOTE:** If the individual was living in another state at the time of sentencing or release from jail to probation supervision, a Request for Reporting Instructions must be submitted through ICOTS no more than 7 days following sentencing/jail release in order for the individual to be allowed to travel to the individual's home and live there pending the transfer investigation.

Determine that the transfer provides a good plan for the individual by:

- 1. Contacting the sponsor to verify residence, other residence occupants, relationship of occupants to the individual or sponsor, and willingness and ability to support the individual.  
**NOTE:** Also need to explain to the sponsor(s) the expectations of being a sponsor.
- 2. Checking DISCIS for no contact orders or protections orders and reviewing the individual's conditions to ensure the plan would not put the individual in violation.

Discuss the importance of compliance with supervision in the other state. Per ICAOS rules, Washington can be required to issue a warrant and retake the individual for minor violation behavior (e.g., reporting a day late or one positive UA). If the individual is retaken for a violation, the individual may not be allowed to go back to the other state.

Determine if there are multiple jurisdictions. If yes:

- Ensure the individual's Personal Characteristics in OMNI are current.
- Verify there is a current photo of the individual in CeField.

Choose one of the below to identify the reason for transfer:

- Resident of receiving state (i.e., lived in that state for at least one year before the commitment date on the current crime).
- Military member being transferred (**Email** a copy of military transfer order along with the request)
- Lives with family who is a military member being transferred (**Email** a copy of military transfer order along with the request)
- Employment transfer of individual to another state; this only applies if the employer mandates the transfer (**Email** a copy of letter from the company on official business letterhead along with the request)
- Employment transfer of family member to another state; this only applies if the employer mandates the transfer (**Email** a copy of letter from the company on official business letterhead along with the request)

If requesting Expedited Reporting Instructions, provide as much justification as possible and email verification documents.

Provide justification for transfer:

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Victim sensitive?  Yes  No

**NOTE:** DO NOT mark as victim sensitive unless:

1. Victim sensitive is marked yes in OMNI **OR**
2. Victim has requested to be notified of changes in the individual's interstate status and the Victim Services Program has the victim's contact information.

**ADDITIONAL DOCUMENTS REQUIRED**

Attach the following documents to the Transfer Request in ICOTS:

- PSI, if one exists for current crime or previous sex offense.
- If no PSI for current crime(s), provide Police Report or Prosecutor's Statement of Probable Cause
- Judgment and Sentence
- Signed conditions form (DOC 07-024 Conditions, Requirements, and Instructions or conditions statement from reports section in OMNI)
- DISCIS screen showing any active no contact orders and/or protection orders, or the actual orders, if applicable

**SENTENCE INFORMATION**

- Parole If the supervision is from a Prison cause (ISRB, CCB, CCP), it is parole. All others are probation.
- Probation

Current cause number(s): \_\_\_\_\_ County of conviction: \_\_\_\_\_

Date sentenced: \_\_\_\_\_ Supervision start date(s): \_\_\_\_\_ Supervision end date(s): \_\_\_\_\_

Future cause number(s): \_\_\_\_\_ County of conviction: \_\_\_\_\_

Date sentenced: \_\_\_\_\_ Supervision start date(s): \_\_\_\_\_ Supervision end date(s): \_\_\_\_\_

**RECEIVING STATE RESIDENCE AND EMPLOYMENT**

Proposed address: \_\_\_\_\_

Other occupants living at the address:

NAME	DATE OF BIRTH	RELATIONSHIP

Sponsor's relationship with the individual: \_\_\_\_\_

Phone number: \_\_\_\_\_

If individual does not have employment, what is the individual's means of support: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Wage: \_\_\_\_\_

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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