



# INTERSTATE TRANSFER REQUEST FEE

Date: \_\_\_\_\_ DOC number: \_\_\_\_\_

Individual under the Department’s jurisdiction: \_\_\_\_\_

Individual is currently incarcerated at: \_\_\_\_\_

Individual is currently being supervised in the following county: \_\_\_\_\_

The Interstate Transfer Request Fee of **\$100.00** can be paid using one of the following methods:

1. A **credit or debit card** payment can be made using JPay online at jpay.com or by phone at 1-800-574-5729. An additional processing/convenience fee may apply.
2. A **money order or cashier’s check** for the full amount, made payable to “Department of Corrections”. The individual’s DOC Number must be included on the payment and mailed to the Interstate Compact Unit at the address below.
3. A **transfer of funds from an incarcerated individual’s account**. An individual may submit:
  - This form, signed by the individual and the individual’s case manager,
  - DOC 02-003 Postage Transfer, completed and signed by the individual or a pre-stamped envelope, and
  - DOC 06-075 Request to Transfer Funds in the full amount, signed by the individual and the individual’s case manager

The case manager/designee will forward the completed forms to the facility’s Business Office for processing.

Payments and applicable documentation must be mailed to:

**Interstate Compact Unit  
PO Box 41126  
Olympia, WA 98504-1126**

Interstate Transfer Application fees **are not** refundable.

Signature of individual under the Department’s jurisdiction: \_\_\_\_\_

Case manager: \_\_\_\_\_ Signature: \_\_\_\_\_

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 00-03, RCW 42.56, and RCW 40.14.