

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**INTERSTATE COMPACT REQUEST**

DATE:

TO: \_\_\_\_\_, Compact Coordinator  
Corrections Compact  
Lexington Assessment and Reception Center  
P.O. Box 260  
Lexington, OK 73051

THRU: \_\_\_\_\_, Facility Head

FROM: \_\_\_\_\_, Correctional Case Manager

RE: Offender Name and DOC#

CONTENTS:

1. Transfer Request Cover Sheet, signed by the facility head
2. Corrections Compact/Contract Transfer Application, if applicable
3. Copies of all CRC's for each of the offender's incarcerations
4. Copies of judgment and sentences for each of the offenses for which the offender is currently incarcerated
5. Copies of judgment and sentences for each of the offender's previous incarcerations
6. Copy of NCIC report
7. Copy of fingerprint card
8. Copy of offender photo from OMS
9. Written evaluation completed by the offender's case manager
10. Copy of Inmate Profile Screening (misconduct) from OMS
11. Current medical summary
12. Current psychological summary
13. Copies of pre-sentence investigation(s) District Attorney's narrative(s), affidavits
14. Copies of active detainer/warrants/pending charges