SEX OFFENDER
CASE TRANSFER FORM

Date:

To:

From:

I am requesting approval to transfer the following sex offender to your district. Please respond within five working days, per OP-160601.

RE: Sex Offender: _____

DOC#: _____

Address: _____
_____
_____

Home Phone: _____
Work Phone: _____

Directions:
_____
_____
_____

Comments:_____
_____
_____

Accepted_____ Denied _____

Reason for denial:
_____
_____
_____

Signed:_____ Date:_____

Title:_____