

FORM II

INTERSTATE AGREEMENT ON DETAINERS

Custodial Authority/Prison – One Original + Five Copies: (1) Custodial Authority/Prison (original); (2) Inmate (copy); (3) Sending State Agreement Administrator (copy); (4) Receiving State Agreement Administrator (copy); (5) Receiving State Prosecuting Officer (copy); and (6) Receiving State Court Clerk (copy).

Copies to Prosecuting Officer and Court Clerk must be sent via certified or registered mail, return receipt requested, along with FORM III and FORM IV. Repeat for all Prosecuting Officers (5) and Court Clerks (6) in jurisdictions that lodged detainees.

INMATE'S NOTICE OF PLACE OF IMPRISONMENT AND REQUEST FOR DISPOSITION OF INDICTMENTS, INFORMATIONS, OR COMPLAINTS

To: Receiving State Prosecuting Officer _____, (Jurisdiction)

To: Receiving State Court Clerk _____, (Jurisdiction);

and to all other prosecuting officers and courts of jurisdictions listed below in which indictments, informations, or complaints are pending:

You are notified that the undersigned, _____, (Inmate's Name & Number)

is now imprisoned in _____ at _____, (Institution) (City and State)

I request final disposition of the following indictments, informations, or complaints now pending against me in your state:

(1) Jurisdiction/Agency: _____ Crime(s) charged: _____

(2) Jurisdiction/Agency: _____ Crime(s) charged: _____

(3) Jurisdiction/Agency: _____ Crime(s) charged: _____

Failure to act in accordance with the Interstate Agreement on Detainers (IAD), which your state has adopted, will result in the dismissal of the above indictments, informations, or complaints.

I agree that this is a request for final disposition of all untried indictments, informations, or complaints for which detainers have been lodged against me by your state.

I also agree that this is my waiver of extradition to your state for any proceeding consistent with the IAD; my return to this state after imposition of sentence; and, after completion of my term(s) of imprisonment in this state, my return to your state to serve any remaining sentence.

I also agree that this is my consent for my appearance in any court if my presence is required to meet the purposes of the IAD; and my return to an institution in this state.

If jurisdiction over this matter is properly in another agency, court, or officer, designate below the proper agency, court, or officer:

The required Custodial Authority/Prison's Certificate of Inmate Status (FORM III) and Offer of Temporary Custody (FORM IV) are attached.

Inmate's Printed Name & Number

Inmate's Signature

Date

Witness's Printed Name & Title

Witness's Signature

Date