FORM IX

INTERSTATE AGREEMENT ON DETAINERS

Receiving State Prosecuting Officer – One Original + Three Copies: (1) Sending State Custodial Authority/Prison (original); **(2)** Sending State Agreement Administrator (copy); **(3)** Receiving State Agreement Administrator (or Receiving State Custodial Authority/Prison) (copy); and **(4)** Receiving State Prosecuting Officer (copy).

PROSECUTOR'S REPORT OF DISPOSITION OF CHARGES

| To: | | |
|---------|--|---|
| | (Warden) | (Institution) |
| - | (Address) | (City/State) |
| | ant to the Interstate Agreement on Detainers (I <i>I</i> | AD), as to the disposition of the charge or charges |
| | IAD Form II (Inmate's Request) | |
| | IAD Form V (Prosecutor's Request) | |
| l repor | t the disposition of the charge(s) and any sente | ence imposed in this jurisdiction as follows: |

_____ Please withdraw detainer

Please lodge a detainer for the attached judgment/commitment

If temporary custody was obtained as the result of an <u>Inmate's Request</u> (FORM II) (IAD Article III), and if an attached judgment/commitment is used as a detainer, contact the following 30 to 60 days prior to release for arrangements to return the inmate for any unfinished sentence in the Receiving State.

If temporary custody was obtained as the result of a **Prosecutor's Request** (FORM V) (IAD Article IV), and if an attached judgment/commitment is used as a detainer, contact the following 60 to 90 days prior to release for arrangements to return the inmate for any unfinished sentence in the Receiving State:

| Name/Title: | | <u> </u> |
|---------------------------------------|--------|----------|
| Address: | | |
| City/State: | | |
| Telephone: | | |
| Email: | | |
| | | |
| | | |
| Prosecutor's Signature: | Dated: | |
| Printed Name/Title: | | |
| County/Jurisdiction: | | |
| | | |
| Address: | | |
| | | |
| Address: City/State: Telephone: | | |