**Postrelease Community Supervision Transfer Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO: (receiving county) | | | | | Date: | | | | | | | | | | | | | | | | | | | | | | |
| FROM: (sending county) | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OFFENDER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RE: (offender’s full name, last, first MI) | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| CDCR # | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| CDC Projected Release Date or Actual Release Date: (circle one) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AKA(s): | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Offender’s sending agency number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| DOB: |  | | | SEX: | | |  | RACE: | | |  | | | | | | | | | SS#: | | |  | | | | |
| Registrant Information/  Compliance: | | | | 290 PC: | | |  | 457.1 PC: | | |  | | | 11590 H&S: | | | |  | | | 186.30 PC: | | | |  | AB 231/  stalking: |  |
| Proposed Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone #: (include and identify if cell phone) | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Resides with: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OFFENSE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Offense(s): | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*ALERTS\*\* (Gang affiliation, victim threats, etc.) | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Custodial Sanctions: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Custody Release Date: | | | | |  | | | | | | | Maximum Term Date: | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Sending County Information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed by: (print name) | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Signature and Title: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Respond to DPO: (if different than completing DPO) | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | | | | | |  | | | | | | | | | | Fax #: | | |  | | | | | | | | | |
| E-mail Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Receiving County Information:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed by: (print name) | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Signature and Title: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | | | | | |  | | | | | | | | | | Fax #: | | |  | | | | | | | | |
| E-mail Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| The residence information was checked on (date) and was: | | | | | | | | | | | | | Verified | | | | Not Verifiable | | | | | This case is:  Accepted  Denied | | | | | |
| Explanation if denied: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the residence is not able to be verified the packet shall be returned to the sending county. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Revised 12/10/15*