**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*