

FORM VI

INTERSTATE AGREEMENT ON DETAINERS

Receiving State Prosecuting Officer – Five Originals (All Original Signatures): Send all originals to your state Agreement Administrator. After Receiving State Agreement Administrator completes the form, **(1)** Receiving State Agreement Administrator retains one; **(2)** Sending State Agreement Administrator receives one; **(3)** Custodial Authority/Prison receives one; and **(4) & (5)** Receiving State Prosecuting Officer receives two – keeps one and gives one to agent(s) to use when transporting inmate.

EVIDENCE OF AGENT’S AUTHORITY TO ACT FOR RECEIVING STATE

To: _____
(Receiving State Agreement Administrator)

(Address)

_____ is confined in
(Inmate’s name and number)

_____ and, pursuant to the Interstate
(Institution)

Agreement on Detainers (IAD), will be taken into custody at the institution on or about _____
for delivery to the County of _____, State of _____ for trial.

After the completion of trial AND sentencing, the inmate will be returned to the Sending State.

In accordance with Article V(b), I have designated the agent(s) named below to transport the inmate.

PROSECUTING OFFICER

Signature: _____ Date: _____

Printed Name & Title: _____

Address: _____

City/State: _____

Telephone: _____

Email: _____

Agent(s) printed name(s) and signature(s):

Agent's Printed Name
(and/or)

Agent's Signature

Agent's Printed Name
(and/or)

Agent's Signature

Agent's Printed Name

Agent's Signature

To: Warden/Superintendent

In accordance with the above representation and the provisions of the IAD, the persons listed above are designated as Agents for the State of _____ to deliver

Inmate: _____ Number: _____

to the County of _____, State of _____ for trial.

After completion of the trial AND sentence, the above inmate will be returned.

AGREEMENT ADMINISTRATOR

Signature: _____ Date: _____

Printed Name & Title: _____

Address: _____

City/State: _____

Telephone: _____

Email: _____