

or allow any jurisdiction you have designated to take temporary custody. I also agree to complete the Prosecutor's Report of Disposition of Charges (FORM IX) immediately after trial AND sentencing, and to send a copy of that form to your Custodial Authority/Prison.

[Use the following space to inquire as to the order in which you will receive custody, or to indicate any arrangements you have already made with other jurisdictions in your state. Each prosecutor in your state should submit this form.]

ARRANGEMENTS/INQUIRY: _____

Prosecutor's Signature: _____ Dated: _____

Printed Name/Title: _____

County/Jurisdiction: _____

Address: _____

City/State: _____

Telephone: _____

Email: _____

I certify that the person whose signature appears above is an appropriate officer within the meaning of Article IV(a), that the facts recited are correct, and having duly recorded this acceptance, I transmit it for action in accordance with these terms and the provisions of the IAD.

Judge's Signature: _____ Dated: _____

Printed Name: _____

Court/Judicial District: _____

Address: _____

City/State: _____

Telephone: _____