

VICTIM'S COMMENTS
Adult Probation Interstate Compact

Offender's Name _____ Case Number: _____

Victim's Name: _____ Date: _____

A hearing will be conducted or a decision made on or about _____ for the following purpose:

- o The Department of Corrections intends to consider the offender's request to transfer his/her probation and/or parole supervision to another State or US Territory

As proposed at this time, the city and state that will be considered are

You are requested to respond as quickly as possible to ensure your comments are included in reports and recommendations as they are prepared.

If the offender is denied, you will be notified.

If the offender is approved, you will be notified of the expected date of the offender's transfer his/her probation and/or parole supervision to another State or US Territory, the geographic area of release and other information that may affect you.

If you intend to submit written comments, please direct them to the probation officer listed below:

Name: _____
 Address: _____
 Phone: _____

Please include the offender's name and case number (noted above) in your correspondence

Certificate of Mailing

I certify that I mailed, by placing in a U.S. Postal Service mailbox, postage prepaid, a true and accurate copy of this document to the victim named herein at the last known address, on the _____ day of _____, 20 .

Name and Title of Department Employee