



Interstate Compact Unit  
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**NOTIFICATION OF OUT-OF-STATE OFFENDER PLACEMENT  
(C.R.S. 17-27.1-101)**

**\*\*\*\*\* The following are required documents to be included: \*\*\*\*\***

**(1) Release of Information Waiver Form (2) Registration Form (3) Court Documents (4) Client Questionnaire**

**TREATMENT AGENCY INFORMATION:**

Agency Name: \_\_\_\_\_ DRS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Staff Name : \_\_\_\_\_ Date: \_\_\_\_\_

**OFFENDER INFORMATION:**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Full CO Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Date Treatment Provider Contacted by Offender: \_\_\_\_\_

**OFFENSE STATE INFORMATION:**

STATE: \_\_\_\_\_ Offense Date: \_\_\_\_\_ Parole \_\_\_\_\_ Probation **SUPERVISED** \_\_\_\_\_ Probation **UNSUPERVISED** \_\_\_\_\_  
Pre-Sentence \_\_\_\_\_ Court \_\_\_\_\_ Supervision End Date: \_\_\_\_\_ **CRIME:** \_\_\_\_\_ CASE #: \_\_\_\_\_  
SENTENCE: \_\_\_\_\_ DIVERSION: \_\_\_\_\_ FELONY: \_\_\_\_\_ MISDEMEANOR: \_\_\_\_\_ DEFERRED: \_\_\_\_\_ Controlling  
Agency in Sending State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is subject a:**  Non-resident **OR**  Colorado resident (lived in CO longer than 1 year at time of commission of crime)

**Is subject supervised by a Colorado parole/probation officer?**  Yes  No

**Supervising Officer's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Client must be referred for photos and fingerprints to the local law enforcement agency where the treatment facility is located.**

**Name of Law Enforcement agency:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_\_

**NOTIFICATION OF O/S OFFENDER DISCHARGE FROM PROGRAM**

Date closed: \_\_\_\_\_ Reason: \_\_\_\_\_ Completed \_\_\_\_\_ Terminated \_\_\_\_\_ Absconded If  
Terminated, Why? \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

