OKLAHOMA DEPARTMENT of CORRECTIONS
COMPACT/CONTRACT TRANSFER APPLICATION

I, _____, ODOC #_____ hereby apply for confinement as an inmate pursuant to the Interstate Corrections Compact for the Transfer of Inmates, or the contract between Oklahoma and the state to which I am applying. I understand and accept that confinement in another state will be different from confinement in Oklahoma. However, I urge the authorities to whom this application is made, and all other judicial and administrative authorities, to recognize that confinement in another state, if granted as requested in this application, will be of benefit to me and will improve my opportunities for rehabilitation. In order to derive the advantages of supervision in the state to which I am applying, I do hereby accept such differences in course and character of confinement as may be provided, and I do state that I consider the benefits of confinement in the other state to be worth any adjustments in my situation which may be required.

I further waive future rights to personal appearances before the Oklahoma Pardon and Parole Board and agree to have future Oklahoma Pardon and Parole Board hearings in absentia.

I understand that I am expected to remain in an institution within the state to which I am transferred until my release unless I am returned to Oklahoma by the Oklahoma Department of Corrections.

I understand that security, treatment, training, and care for me will be in keeping with the standards for such programs as administered in Oklahoma.

I understand that, as a volunteer participant in this transfer, I may have either limited access or no access to law books through the Department of Corrections law library of the state to which I am applying.

I have the following legal actions pending within the state of Oklahoma/U.S. District Court, District of Oklahoma:

CASE/ACTION DESCRIPTION	JURISDICTION	ATTORNEY

In view of the above, I do hereby apply for permission to be confined in the state of _____ for the following reason(s):

_____

_____

_____

The names, addresses, telephone numbers, and my relationship to each of my family members residing in the state of _____ are:

I hereby agree to pay for all transportation costs associated with this transfer to the state of _____ prior to that transfer if I am approved for transfer by the state of Oklahoma. I understand that, if for any reason the state to which I am applying refuses to accept me for transfer, the funds in my transportation trust account will be transferred back into my regular inmate account. I further understand that, if I elect to withdraw my request for compassionate transfer after the final approval or fail to deposit the estimated travel costs within 30 days, any funds in my transportation trust account will be transferred back into my regular account and I will be ineligible to apply for a compassionate transfer for two years.

I understand fully the meaning of this application and agree hereto:

_____	_____	_____
Inmate Signature	Date	Witness