

**INTERSTATE AGREEMENT ON DETAINERS - FORM 2**

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*Six copies, if only one jurisdiction within the state involved has an indictment, information or complaint pending. Additional copies will be necessary for prosecuting officials and clerks of court if detainees have been lodged by other jurisdictions within the state involved. One copy should be retained by the incarcerated individual/client. One signed copy should be retained by the institution. Signed copies must be sent to the Agreement Administrators of the sending and receiving states. The prosecuting official of the jurisdiction which placed the detainee, and the clerk of the court which has jurisdiction over the matter. The copies for the prosecuting officials and the court must be transmitted by certified or registered mail, return receipt requested.*  
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**INCARCERATED INDIVIDUAL/CLIENT'S NOTICE OF PLACE OF IMPRISONMENT AND REQUEST FOR DISPOSITION OF INDICTMENTS, INFORMATIONS OR COMPLAINTS**

TO: \_\_\_\_\_ Prosecuting Officer \_\_\_\_\_  
\_\_\_\_\_, Court \_\_\_\_\_  
(Jurisdiction)  
(Jurisdiction)

And to all other prosecuting officers and courts of jurisdictions listed below from which indictments, information or complaints are pending.

You are hereby notified that the undersigned is now imprisoned in:

\_\_\_\_\_ at \_\_\_\_\_  
(Institution) (Town and State)

I hereby request that a final disposition be made of the following indictments, information or complaints now pending against me:

Failure to take action in accordance with the Interstate Agreement on Detainers (IAD), to which your state is committed by law, will result in the dismissal of the indictments, information or complaints.

I hereby agree that this request will operate as a request for final disposition of all untried indictments, information or complaints on the basis of which detainees have been lodged against me from your state. I also agree that this request shall be deemed to be my waiver of extradition with respect to any charge or proceeding contemplated hereby, and a waiver of extradition to your state to serve any sentence there imposed upon me, after completion of my term of imprisonment in this state. I also agree that this request shall constitute a consent by me to the production of my body in any court where my presence may be required in order to effectuate the purposes of the IAD and a further consent to be returned to the institution in which I now am confined.

If jurisdiction over this matter is properly in another agency, court or officer, please designate below the proper agency, court or officer and return this form to the sender.

The required Certificate of Incarcerated Individual/Client Status (Form III) and Offer of Temporary Custody (Form IV) are attached.

\_\_\_\_\_  
Incarcerated Individual/Client's Printed Name and Number      Incarcerated Individual/Client's Signature      Date  
\_\_\_\_\_  
Witness's Printed Name & Title      Witness's Signature      Date