INTERSTATE AGREEMENT ON DETAINERS - Form 4

Offender's request: Copies of this form should be attached to all copies of Form II. Prosecutor's Request: This form should be completed after the Warden has approved the request for temporary custody, expiration of the 30 day period, and successful completion of a pre-transfer hearing. Copies of this form should then be sent to all officials who receive(d) copies of Form III. One copy also should be given to the Offender and one copy should be retained by the institution. Copies mailed to the prosecutor should be sent certified or registered mail, return receipt requested.

OFFER TO DELIVER TEMPORARY CUSTODY

TO: ________________________________  Prosecuting Officer

 __________________________________________ (jurisdiction)

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

RE: ________________________________  ________________________________  

(Offender)  (Number)

Pursuant to Article V of the Interstate Agreement on Detainers (IAD), the undersigned hereby offers to deliver temporary custody of the above-named Offender to the appropriate authority in your state in order that speedy and efficient prosecution may be had of the indictment, information or complaint which is

☐ Described in the attached Offender's request (Form II)
☐ Describe in your request for custody (Form V) of

Date

☐ The required Certificate of Offender Status (Form III) is enclosed
☐ The required Certificate of Offender State was sent to you with your letter of

Date

Indictments, information or complaints charging the following offenses are also pending against the Offender in your state and you are hereby authorized to transfer the Offender to the custody of appropriate authorities in these jurisdictions for purposes of disposing of these indictments, information or complaints.

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<th>Offense:</th>
<th>County or Other Jurisdiction:</th>
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If you do not intend to bring the Offender to trial please inform us as soon as possible. Otherwise, please forward Form 6 & 7.

Kindly acknowledge.

__________________________________________________________________________

Warden

Custodial Authority

(Name, Title, Institution, Address, Phone)

Replaced: AD-CR-07 F-4

IS-RL-01 F-6