

**INTERSTATE AGREEMENT ON DETAINERS – Form 4**

*Incarcerated Individual/Client'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 incarcerated individual/client 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  
(insert name and title if known)  
\_\_\_\_\_  
(jurisdiction)

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

RE: \_\_\_\_\_  
(Incarcerated Individual/Client) (Number)

Pursuant to Article V of the Interstate Agreement on Detainers (IAD), the undersigned hereby offers to deliver temporary custody of the above-named incarcerated individual/client 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 Incarcerated Individual/Client's Request (Form II)
- Describe in your Request for Custody (Form V) of \_\_\_\_\_  
Date \_\_\_\_\_
- The required Certificate of Incarcerated Individual/Client Status (Form III) is enclosed
- The required Certificate of Incarcerated Individual/Client State was sent to you  
with your letter of \_\_\_\_\_  
Date \_\_\_\_\_

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

Offense:	County or Other Jurisdiction:

**If you do not intend to bring the incarcerated individual/client to trial please inform us as soon as possible. Otherwise, please forward Form 6 & 7.**

Kindly acknowledge.

\_\_\_\_\_  
Warden

<b>Custodial Authority</b>	
	(Name, Title, Institution, Address, Phone)