

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
PRISONER TRANSFER APPLICATION QUESTIONNAIRE

1. Personal Data:

_____	_____	_____
Last Name	First Name	Middle Name
Birth Name (if different): _____		
Other names used: _____		
Prison where incarcerated: _____	SID#: _____	
Social Security number: _____	Alien/ICE#: _____	
True date of birth: _____	Place of Birth: _____	
	Month/Day/Year	City/Country
Country(s) of citizenship: _____		
Languages spoken: _____		
How long have you lived abroad and in what countries have you lived? _____		

Have you contacted your consulate regarding your application? _____

Note: You must notify your consulate of your interest to transfer.

What is your current marital status? _____

Spouse: _____
Address: _____
City: _____
State: _____
Country: _____
Telephone: _____

Do you have any children? _____

What are the names, ages and complete addresses of your children? (Attach if more than four)

Name: _____	Name: _____
Age: _____	Age: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Country: _____	Country: _____

Name: _____	Name: _____
Age: _____	Age: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Country: _____	Country: _____

Who are your parents and closest relatives and where do they live?

Relationship: <u>Mother</u>	Relationship: <u>Father</u>
Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Country: _____	Country: _____

Relationship: _____	Relationship: _____
Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Country: _____	Country: _____

Educational level and name and location of schools attended: _____

Occupation: _____

Work history for ten-year period prior to incarceration. Please provide name of employer, place of employment, dates of employment and type of work performed.

Have you previously received an international prisoner transfer? _____

If yes, when and from which country were you transferred? _____

Have you ever been deported from a country? _____

If yes, when and from which country were you deported? _____

Current health concerns. Please list any current health concerns that would be important to know if you are transferred, such as whether you need a wheelchair, require special medication, etc.:

Please provide any additional information you believe is pertinent to your application to transfer:

2. Sentence Data

Date of sentencing: _____

Sentence length: _____

Projected release date: _____

Month/Day/Year

(Months, years, life, etc.)

Month/Day/Year

Date of Arrest: _____

Type of Offense _____

Do you have an appeal or other legal challenge pending? _____

I hereby request a transfer to my country of nationality to complete my sentence and I authorize the disclosure and release of information necessary to process my request to transfer.

Date

Inmate's Signature