



Department of Public Safety and Correctional Services

Repatriation Program Referral Packet Letter of Transmittal and Checklist

To: _____, RPOC CM Unit

From: _____, Institutional Coordinator

Institution: _____ Date: _____

Inmate Name: _____ CL/SID: _____, has been recommended by case management, and approved by the Warden for participation in the Repatriation Program.

In accordance with the provisions of this manual, a referral packet, including the information listed below, is attached:

- _____ The original Repatriation Program Referral form
- _____ Signed Waiver of Extradition form
- _____ Deportation order signed by an immigration judge
- _____ NCIC warrant check
- _____ JPortal and Maryland judiciary case search
- _____ Approved case management assignment sheet
- _____ Case plan (ICP)
- _____ Copy of alert note placed in OCMS