

ICT In-Custody Transportation, Inc.



PRISONER EXTRADITION ORDER

577 W. Covina Blvd.
San Dimas, CA. 91773

(800) 631-6211

Fax To: (866) 686-4396

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REQUESTING AGENCY

Date Requested: _____ Time Requested: _____ Requesting Agency: _____

Contact Person: _____ ID #: _____ Phone: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

After Hours Contact Number: _____ Teletype Sent to Holding Agency: Y N

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ARRESTEE/PRISONER INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

AKA's: 1.) _____ 2.) _____ 3.) _____

Race: _____ Inmate #: _____ SSN #: _____ Booking #: _____

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Weight: _____ Height: _____ Hair Color: _____

Eyes: _____ Current Offense: _____ History of Violence: _____ History of Escape: _____

Time Remaining on Sentence: _____ Prior Offenses: _____

Release Date: _____ Court Date: _____ Court Location: _____

Medical Conditions: _____ Medications: _____

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HOLDING AGENCY

Agency Name: _____ Contact Person at Holding Agency: _____

Contact Person Phone Number: _____ 24 Hour Number: _____

Holding Facility Address: _____ City: _____ State: _____ Zip: _____

Waiver: Y N Date Signed: _____ Gov. Warrant: _____ Intcom: _____ Form 6: _____

Return: _____ Deadline Date: _____

DESTINATION FACILITY/AGENCY

Facility Name: _____ Address: _____ City: _____ State: _____

Contact Name: _____ Contact Phone Number: _____

24 Hour Phone Number at Destination Facility: _____



SPECIAL INSTRUCTIONS or COMMENTS

