



## INTERSTATE COMPACT

### APPLICATION FEE ACKNOWLEDGMENT FOR TRANSFER OF SUPERVISION

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Print or Type) First Name M.I. (Print or Type) Last Name

hereby acknowledge that by applying for supervision pursuant to the Interstate Compact, I will be assessed a non-refundable application fee in the amount of one hundred twenty-five dollars (\$125). This fee will be assessed for each state to which I request transfer of my supervision. I further acknowledge that this fee must be paid at the time of my request and I will not depart Indiana until this fee is paid in full.

I hereby apply for transfer of my supervision from the county of \_\_\_\_\_  
(Print or type)  
to the state of \_\_\_\_\_. By signing this form below, I am agreeing  
(Print or type)  
to pay the application fee as ordered. I understand that a copy of this application along with a copy of my payment receipt must be received by the Indiana Interstate Compact Office before I depart the State of Indiana.

\_\_\_\_\_  
Offender Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Offender Name (Printed)

\_\_\_\_\_  
Probation/Witness (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation/Witness (Printed)

**Please email BOTH the receipt & this acknowledgement form  
TO THE COMPACT OFFICE prior to submitting the investigation request.**