

INDIANA INTRASTATE APPLICATION FOR PROBATION TRANSFER

To: _____
(Receiving Court)

From: _____
(Sentencing Court)

Offender's Full Name: _____

Social Security Number: _____ Date of Birth: _____

Case Number: _____

Offense: _____

Supervision start date: _____ Supervision termination date: _____

I, _____, am applying for transfer of my probation from _____, Indiana (sending county) to _____, Indiana (receiving county). I understand that my supervision in another county may be different than the supervision I would be subject to in this county. I agree to accept any differences that may exist because I believe that transferring my probation to _____, Indiana (receiving county) will improve my chances for making a good adjustment in the community.

In support of my application for transfer, I make the following statements:

1. If I am allowed to transfer my supervision to _____ County (receiving county), I plan to live at _____ (address) _____ (phone #), work at _____ (phone #) _____ (address), or attend school/classes at _____.
2. I will comply with the terms and conditions of my supervision that have been placed on me by the sentencing court, or that will be placed on me by _____ (receiving court).
3. I understand that if I do not comply with all the terms and conditions that the sentencing court or receiving court or both, placed on me, that it may be considered a violation of my probation and I may be returned to the sending county.
4. I agree that I may be held in the receiving county's jail concerning any violation of my probation conditions.
5. I agree to be subject to any administrative sanctions in the receiving county for technical violations of my probation conditions if authorized by the sentencing court.
6. I agree that the fact-finding hearing *and dispositional proceedings* for any violations of my probation conditions may be held in the receiving court if authorized by the sentencing court.

Offender's signature: _____

Date: _____

Witness/Probation Officer: _____

Date: _____