

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
OFFENDER TRANSFER/RECEIPT FORM**

Sending Facility \_\_\_\_\_ Holdover Facility \_\_\_\_\_ Receiving Facility \_\_\_\_\_

Date of Transfer \_\_\_\_\_

	OFFENDER NUMBER	OFFENDER NAME	FIELD FILE	MEDICAL FILE	DUFFEL BAG	NUMBER OF BOXES	MEDICATION YES/NO	COMMENTS/DISCREPANCIES
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

**PRINT AND SIGN**

Transporting Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Facility/Route \_\_\_\_\_

Holdover Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Facility/Route \_\_\_\_\_

Holdover Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Facility/Route \_\_\_\_\_

Receiving Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Facility/Route \_\_\_\_\_

Distribution:

- Original - Sending facility's records office (after being signed by receiving officer)
- Copy - Holdover facility's records office/CTU Site Supervisor
- Copy - Holdover facility's records office/CTU Site Supervisor
- Copy - Receiving facility's records office (upon delivery of offender)
- Copy - Attached to records during transport, then maintained in file

**This form will be maintained as a written record of the custody, the records and the property of offenders being transferred.**