



Form Must be Complete & Legible, or it will be returned
This document is required to complete the Application for Treatment.

Interstate Compact Unit
940 N Broadway
Denver, CO 80203
303.763.2408
DOC_interstatetreatment@state.co.us

**REFERRAL UNDER COLORADO REVISED STATUTE
(C.R.S. 17-27.1-101 (07))**

NOTIFICATION OF OUT-OF-STATE OFFENDER PLACEMENT REGISTRATION

Treatment Provider: _____

Offender Name: _____

DOB: ___/___/___ Other State: _____ Crime: _____ Case #: _____

Note: By Law C.R.S. 17-27.1-101 (07)
Person must be fingerprinted where attending treatment, or the nearest available local law enforcement agency where the treatment facility is located. For telehealth individuals any Colorado law enforcement agency will suffice.

You are directed to report to the: _____ Police Dept / Sheriff's Office

Address: _____ Floor / Department Name: _____

Date / Day / Time if applicable: _____

Notice to Law Enforcement Personnel:
Please process and print this person using a RED card or scanning system that will generate a criminal history record when sent to CBI. Do NOT send to identogo.com.
Please send fingerprints to CBI.
Photographs may be sent to CBI or kept in law enforcements' possession.
For questions call: The Interstate Compact Office with Parole,
Colorado Department of Corrections,
P 303.763.2408 E doc_interstatetreatment@state.co.us
Thank you

LAW ENFORCEMENT PERSONNEL:

Please sign and date to acknowledge the above person has been fingerprinted and photographed, per C.R.S. 17-27.1-101 (07).

Badge / ID #: _____

Officer or Staff Name (please print): _____

Staff Signature: _____ Date: _____

