



Interstate Compact Unit
940 N Broadway
Denver, CO 80203
P 303.763.2408 | F 303.861.1548
DOC_interstatetreatment@state.co.us

**Top sections of form must be completed
prior to client going to Law Enforcement**

**REFERRAL UNDER COLORADO REVISED STATUTE
(C.R.S.) 17-27.1-101 (7)**

**NOTIFICATION OF OUT-OF-STATE OFFENDER PLACEMENT
REGISTRATION**

Treatment Provider: _____

Offenders' Name: _____

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

**Note: By Law #C.R.S 17-27.1-101(7)
Person must be fingerprinted where attending treatment, not where person lives.**

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

Address: _____ Floor/Department Name: _____

Date/Day/Time if applicable: _____

**Notice 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 sent 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,
Department of Corrections,
P 303.763.2408 | E DOC_interstatetreatment@state.co.us
Thank you

LAW ENFORCEMENT PERSONNEL:

Please sign and date to acknowledge this person has been fingerprinted and photographed. Badge/ID

#: _____

Officer or Staff Name (please print) _____

Signature: _____ Date: _____

Form B

