



Florida Department of Corrections

Interstate Compact Application Fee for County Misdemeanor Offenders



I, _____, on _____ am applying for Interstate Compact supervision
Offender Name (Last, First M.I.) (Please print)

from Florida to the State of _____ . I understand and willingly accept that I am required
Receiving State

to pay the \$100.00 Application fee prior to the submission of the Interstate Compact Transfer Request I make. If I am not accepted for transfer and a new request is made after 120 days from the initial transfer request submission to the receiving state, a new application fee will be required with a new application.

I have been informed and agree that the \$100.00 application fee is **non-refundable**, does not guarantee my acceptance by and is only valid for transfer to the State of _____ .
Receiving State

I, _____, understand and accept that the Florida Interstate Compact office may cancel my
Offender Name (Last, First M.I.) (Please print)

acceptance to the State of _____, at any time per Interstate Compact for Adult Offender Supervision (ICAOS) Rules. Additionally, I understand and accept other unforeseen circumstances may arise prior to my departure on Interstate Compact supervision to _____, which may cancel my transfer.
Receiving State

These circumstances would cause forfeiture of the \$100.00 **non-refundable** application fee.

I, _____ knowingly and willingly accept these terms and agree not to leave the State of
Inmate/Offender Name (Last, First M.I.) (Please print) Florida until the Transfer Application fee is paid and a travel permit has been authorized in accordance with the ICAOS Rules.

OFFENDER NAME <i>(Last, First M.I.) (Please print)</i>	COURT CASE NUMBER
OFFENDER SIGNATURE	DATE <i>(mm/dd/yyyy)</i>

COUNTY OF CONVICTION _____

The Application Fee can be paid by submitting a USPS Money Order or Cashier's Check payable to the Florida Department of Corrections.

Only a USPS money order or bank cashier's check may be submitted for payment.
DO NOT send cash or a personal or business check.

A copy of this document MUST be included with the payment.

Send USPS money order or bank cashier's check to:

**Florida Department of Corrections
 COPS / ICOTS Application Fee
 P.O. Box 12300
 Tallahassee, FL 32317-2300**

Per ICAOS Rule 4.107(a) Application fee – A sending state may impose a fee for each transfer application prepared for an offender.