

REQUEST FOR EXTRADITION AUTHORIZATION

SECTION I:

DATE SUBMITTED:

REQUESTING OFFICER:

DEPT:

DEFENDANT / CASE INFORMATION

SECTION II:

DEFENDANT'S NAME:

DOB:

SSN:

LAST KNOWN ADDRESS:

DATE(S) OF OFFENSE:

OFFENSE(S) & GRADING:

Do you feel the defendant has left the state? Yes No

If so, is there a particular state you feel he/she has gone?

Is the defendant violent? Yes No

Is the defendant a threat to law enforcement? Yes No

Additional information you feel is pertinent:

AUTHORIZATION

SECTION III:

MISSILE ONLY

C.L.E.A.N.

N.C.I.C.

LIMITATIONS: Surrounding States

East of the Mississippi

No Limitations

NO EXTRADITION

Other

Notations

AUTHORIZED BY: _____

DATE: _____