

Tippecanoe County Community Corrections TRANSFER Client Information Sheet

Date: _____ DOC# _____ County Transferring to: _____

Last Name: _____ SSN: _____ D.O.B: _____

First Name: _____ Place of Birth: _____ Age: _____

Middle Name: _____ Height: _____ Weight: _____ Hair Color: _____ Eyes: _____

Gender: Male Female Citizen: Yes No Veteran: Yes No

Marital Status: Divorced Separated Single Married Widowed

Race: White Black Hispanic Am Indian Asian Mixed Race Other

Client Address: (address in Destination County) _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Resides with & Relationship: _____ Currently on Probation/Parole? Yes No

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Previous Supervised Probation? Yes No Previous Community Corrections? Yes No

Employed: Yes No Full-time Part-time Hourly wage \$ _____

Employer: _____ Employer phone: _____

Employer Address: _____ City _____ State _____ Zip _____

Unemployed: Yes No Reason Unemployed: Disability / Homemaker / Illness-Injury / Incarcerated /
Other / Student / Temp-Seasonal Lay Off / Unwilling to Work / Volunteer

Education Level: _____ Driver's License#: _____

License Status: Valid / Suspended / Life Suspension / Restricted / Invalid / Expired / Other: _____

The transfer fee must be paid BEFORE the transfer process can begin. Community Service fee must be paid BEFORE the transfer process can begin.

You have 14 days to make the payment from date of sentencing. Transfer fee is non-refundable.

Online payments may be made at: www.tippecanoe.in.gov/ (user charge applies).

Transfer fee \$150.00 Community Service fees: 1-40 hours = \$100.00 and 41+ hours = \$125.00

All fees are payable by money order or cashier's check and can be mailed to:

Tippecanoe County Community Corrections

2800 N 9th Street Road

Lafayette, IN 47904

Phone: (765) 742-1279

Office use only

Court Information

Case 1 Cause # _____ Judge _____

Case 2 Cause # _____ Judge _____

Charges/Level of Offense/IC Code: _____

Charges/Level of Offense/IC Code: _____

Charges/Level of Offense/IC Code: _____

Prosecutor: _____ Clients Attorney: _____

Community Service Hours ordered _____

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Client ID# _____ Cash CC MO Date Paid: _____ Transfer Fee Paid \$ _____ Staff: _____