

To: Prosecuting Officer	Jurisdiction
Court	Jurisdiction

And to all other prosecuting officers and courts of jurisdiction listed below from which indictments, informations or complaints are pending, you are hereby notified that the undersigned is now imprisoned in:

Institution	Town and State
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and I hereby request that a final disposition be made of the following indictments, informations or complaints now pending against me:

Failure to take action in accordance with the Interstate Agreement on Detainers Act, to which your state is committed by Law, will result in the invalidation of the indictments, informations or complaints.

I hereby agree that this request will operate as a request for final disposition of all untried indictments, informations or complaints on the basis of which detainers have been lodged against me from your state. I Also agree that this request shall be deemed to be my waiver of extradition with respect to any charge or proceedings contemplated hereby or included herein, and a waiver of extradition to your state to serve any sentence there imposed upon me, after completion of my term of imprisonment in this state. I also agree that this request shall constitute a consent by me to the production of my body in any court where my presence may be required in order to effectuate the purposes of the Interstate Agreement on Detainers Act and a further consent voluntarily to be returned to the institution in which I am now confined.

If jurisdiction over this matter is properly in another agency, court or officer, please designate the proper agency, court or officer and return this form to the sender.

Forms BP-S238(51), Certificate of Inmate Status, and BP-S239(51), Offer of To Deliver Temporary Custody, are attached.

Dated	Inmate's Name and Register No.
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The inmate must indicate below whether he has counsel or wishes the court in the receiving state to appoint counsel for purposes of any proceedings preliminary to trial in the receiving state which may take place before his delivery to the jurisdiction in which the indictment, information or complaint is pending. Failure to list the name and address of counsel will be construed to indicate the Inmate's consent to the appointment of counsel by the appropriate court in the receiving state.

A. My counsel is (give name)	whose address is (Street, City State, ZIP)
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B. I request the court to appoint counsel. (Inmate's Signature)

Record Copy - State IAD Administrator; Copy: J&C File; Copy: Central File (Section 1), Copy - Prosecuting Official (Mail Certified Return Receipt), Copy - Clerk of Court (Mail Certified Return Receipt)