

Georgia Department of Corrections International Prisoner Transfer Notification and Acknowledgment Form

The United States has entered into international treaties with many countries which may permit a foreign national prisoner from one of the treaty countries to transfer to his home country to serve the remainder of his sentence. The State of Georgia has enacted legislation which allows it to participate in the international prisoner transfer program. The transfer program is discretionary and not everyone who applies will be qualified or will be approved for transfer. To transfer your application must first be approved by the State. The United States and your home country must also approve your application before a transfer can occur. If you are unsure whether your country participates in this program, please contact your case manager or your nearest consulate for more information. You may also need to contact your consulate to assist you and to determine if your home country has any additional requirements.

1. Name: _____
2. Prisoner Number: _____
3. Date of Birth: _____
4. Place of Birth: _____
5. Citizenship: _____
6. Institution/ Prison: _____
7. Offense: _____
8. Sentence: _____
9. Projected Release Date: _____
10. Language Preference: _____

I am interested in being transferred to continue serving the sentence imposed by the State of Georgia to the country of citizenship indicated above. I understand that this is just an inquiry to obtain data before the actual request for transfer and is not binding upon either the government or me. I understand that upon approval for transfer, I will be required to attend a verification hearing before the United States Magistrate Judge. I have indicated above the language preference for my verification hearing and understand an interpreter will be available if necessary.

Signature: _____ Date: _____

I hereby indicate that I am **not** interested in being transferred to continue serving the sentence imposed by the State of Georgia to the country of citizenship indicated above.

Signature: _____ Date: _____

Retention Schedule:

To be maintained by the Inmate Administration Manager or designee for three years.

Copy: Inmate Administrative File