

Inmate Acknowledgement of
Notification of Request for Temporary Custody

Department of Corrections
2 Martin Luther King, Jr. Dr., S.E.
Floyd Building
Twin Towers East, 7th Floor
Atlanta, Georgia 30334

RE: Inmate Name: _____

Inmate Number: _____

This is to certify that I have been advised that there are charges pending against me in _____, _____.
(County) (State)

A request for temporary custody has been made under the Interstate Detainer Agreement to return me to that state for disposition of their charges. I understand that I have a right to file a Writ of Habeas Corpus in the county in which I am incarcerated. If I do not file such action within twenty (20) days, I understand that the requesting state will assume custody of me. I do hereby waive any challenge and agree to return to the requesting state.

(Inmate Signature) (Date)

(Inmate Number)

(Notary's Signature) (Date)

Warden/Superintendent's Instruction

This form should be completed by the inmate and Release and Agreements Officer advised of his decision immediately.

Sign below **only** if the inmate refuses to sign this form.

"INMATE REFUSED TO SIGN FORM."

_____, _____
(Notary's Signature) (Date)

RETENTION SCHEDULE:

Upon completion, a copy of this paperwork will be kept in the inmate case history file.