**Commonwealth of** **Virginia**

**Virginia Department of Criminal Justice Services**

Community Corrections and Pretrial Services

**TRANSFER RESOLUTION REQUEST**

|  |  |  |
| --- | --- | --- |
| Date: |  |  |
| Agency Requesting Resolution: |  | Corresponding Agency: |
|  |  |  |
| s/  |  | s/  |
| *(Agency Director’s Signature)* |  | *(Agency Director’s Signature)* |
|   |  |  |
| *(Agency Director’s Printed Name)* |  | *(Agency Director’s Printed Name)* |
|  |  |  |  |
| Copy of this Report sent to Corresponding Agency: [ ]  Yes [ ]  No Copy of this Report sent to DCJS: [ ]  Yes [ ]  No |
|   |
| Brief Summary of Issue including efforts to resolve this matter: |
|  |

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| Requested Resolution: |
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| Corresponding Agency’s Reply: |
|  |
| Received by: |  |  |
|  |  |  |
| *DCJS Representative* |  | Date |

|  |
| --- |
| Recommendation by DCJS: |
|  |