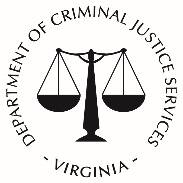
**Commonwealth of** **Virginia**

**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: |
|  |

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

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