

Interstate Adult Offender Supervision		APPLICATION	
<b>OFFENDER INFORMATION</b>			
Offender's full Name (Last, first, middle):			
AKA:		Receiving State:	
SS #:		FBI #:	
Sex:	Race:	Date of Birth:	SID:
<b>REASON FOR TRANSFER</b>			
<input type="checkbox"/> Family <input type="checkbox"/> Resident of receiving state How many years? _____		<input type="checkbox"/> Employment offer <input type="checkbox"/> Consent of receiving state Explain _____	
<b>RESIDENCE AND EMPLOYMENT</b>			
Offender will reside with-name and relationship:		Telephone number:	
Address:		City:	State:      Zip Code:
Offender's employment:		Employer's telephone number:	
Employer's street address:		City:	State:      Zip Code:
Offender's employment supervisor:		Offender's job title:	
<b>ELIGIBILITY FOR TRANSFER</b>			
1. Has more than 90 days or an indefinite period of supervision in the sending state; and 2. has a valid plan of supervision; and 3. is in substantial compliance with the terms of supervision in the sending state; and 4. is a resident of the receiving state; or 5. a. has resident family in the receiving state who have indicated a willingness and ability to assist as specified in the plan of supervision; and b. can obtain employment in the receiving state or has a visible means of support.			
The Hawaii Paroling Authority does not determine whether another state will accept an offender for parole supervision. If accepted, the offender will be asked to abide by the terms and conditions set by the Hawaii Paroling Authority in addition to the ones set by the receiving state. Many states require offender to pay a monthly supervision fee.			
<b>MISCELLANEOUS</b>			
Current Facility:		Parole hearing date or tentative parole date:	
Case Manager:		Pre-Parole Officer (to be assigned by HPA)	
Submit this application to:		Offender's signature:	
Hawaii Paroling Authority 1177 Alakea Street, Ground Floor Honolulu, Hawaii 96813		Date:	