



**INFORMATION FORM IN SUPPORT OF A REQUEST FOR TRANSFER TO CANADA
PURSUANT TO THE INTERNATIONAL TRANSFER OF OFFENDERS' ACT
AND UNDER THE TERMS OF THE AGREEMENT
BETWEEN CANADA AND ►**

PUT AWAY ON FILE
Administrative or Operational File
► **Original - 1820-3**

Foreign state

1. PERSONAL DATA

Last name	Given name(s)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	Language spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify) ►	Preferred working language <input type="checkbox"/> English <input type="checkbox"/> French

Synopsis of personal and family history

2. RESIDENCE ABROAD

How long have you resided abroad? _____ ►	Years	Months
Briefly state your reasons for being abroad		

3. STATUSA) Federal State**INCARCERATED** Other (Specify) ▶**OR****ON SUPERVISION** Parole Probation Other (Specify) ▶

Offender's address

Institution/Address

Name of supervising authority

Address

Name of supervisor

B) Outstanding charges

Jurisdiction

4. CURRENT OFFENCE(S)

A) Type of offence

Sentence

Place sentenced

Date
YYYY-MM-DDB) Estimated aggregate
sentence ▶

Years

Months

Date sentence
commenced ▶

YYYY-MM-DD

Date sentence expires ▶

YYYY-MM-DD

C) Name of accomplice(s)

D) Offender's version of the offence

5. CRIMINAL HISTORY (In Canada and abroad)

A) Previous conviction(s)

Most serious conviction(s) / Type of conviction(s)

Place

Year

 No Yes (Specify) ▶

B) Previous institutional experience

 No Yes (Specify) ▶

i) Previous protective custody

- No
 Yes (Specify) ▶

ii) Escape/Attempted escape history

<input type="checkbox"/> None	<input type="checkbox"/> Yes	Name of institution	Year	Attempted	Successful
<input type="checkbox"/> Institution	▶				
<input type="checkbox"/> Other type(s) of escape (Specify)	▶				

Escape/Attempt(s) ha(s)ve included :

- Use of weapons
 Physical violence
 Hostage taking
 No violence

Escape/Attempt(s) ha(s)ve resulted in :

- Property damage
 Death
 Injury
 None of the preceding

iii) Previous involvement in institutional incident(s)

- Sit down
 Hostage taking
 Riot
 Assault
- Specify ▶

iv) Last institutional release

Name and type of institution ▶	Date YYYY-MM-DD	Type of release

C) Previous supervision experience

- No
 Yes (Specify) ▶

D) History of violence

Violent incident(s) involving offender ha(s)ve occurred in:

- No history of violence
 Community
 Prison/Institution
- Specify ▶

Violent incident(s) resulted in:

- Property damage
 Injury
 Serious
 Minor
 Death
- Specify ▶

Violent incident(s) included the use of:

- Firearms
 Other
- Specify ▶

5. PROGRAM FACTORS

A) Occupational and program interests

TYPE	SPECIFY ACTIVITIES
<input type="checkbox"/> Educational training	▶ _____
<input type="checkbox"/> Professional experience and/or training	▶ _____
<input type="checkbox"/> Correctional programs	▶ _____
<input type="checkbox"/> Other	▶ _____

B) Drug/Alcohol involvement

None Other (Non-opiates) Soft drugs Opiates Unknown Alcohol

Current offence related to drug or alcohol involvement

DRUGS				ALCOHOL	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> User	<input type="checkbox"/> Trafficker	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Participation in drug/alcohol treatment

PAST			PRESENT		
<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	

C) General health/Claimed medical ailments

No Yes (Specify) ▶

Medication required

No Yes (Specify) ▶

D) Offender's immediate needs

i) Protective custody requested No Yes Specify

ii) Request for treatment

Medical Specify ▶

No (OR) ▶ Psychiatric Specify ▶

Psychological Specify ▶

iii) Other identified needs

No

Yes (Specify) ▶

Offender's Signature	Witness' Signature	Date YYYY-MM-DD
▶	▶	