



**INFORMATION FORM IN SUPPORT OF A REQUEST FOR TRANSFER TO
CANADA PURSUANT TO THE INTERNATIONAL TRANSFER OF
OFFENDERS ACT (ITOA)**

and under the terms of the agreement between Canada and _____ (Foreign State) ► 1820-3

Or, if no agreement exists, under the terms of an Administrative Arrangement:

under [Section 31](#) of the ITOA with _____ (Foreign State) ► 1820-8

OR

under [Section 32](#) of the ITOA with _____ (Foreign State) ► 1820-8

1. PERSONAL DATA

Name	Offender Number	Sex Male Female
Marital status	Language spoken English French Other Specify ►	Preferred working language English French
Synopsis of personal and family history		

2. RESIDENCE ABROAD

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

3. STATUS

A)		
INCARCERATED	Federal State Other (specify) ►	Institution/Address
OR		
SUPERVISION	Parole Probation Other (specify) ►	
Name of supervising authority	Address	Name of supervisor
Offender's address		
B)		
Outstanding charges		Jurisdiction

Name	Offender Number
------	-----------------

4. CURRENT OFFENCE(S)

A) Type of offence		Sentence		Place sentenced	Date (YYYY-MM-DD)
B) 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)					
No	Yes (Specify) ►	Most serious conviction(s) / Type of conviction(s)		Place	Year
B) Previous institutional experience					
No	Yes (Specify) ►				
i) Previous protective custody					
No	Yes (Specify) ►				
ii) Escape/Attempted escape history					
None		Yes			
		Name of institution	Year	Attempted	Successful
Institution					
Other type(s) of escape (specify) ►					
Escape/Attempt(s) ha(s)ve included:			Escape/Attempt(s) ha(s)ve resulted in:		
Use of weapons	Hostage taking	Property damage	Injury		
Physical violence	No violence	Death	None of the preceding		
iii) Previous involvement in institutional incident(s)					
Sit down	Riot	Hostage taking	Assault		
Specify ►					
iv) Last institutional release					
Name and type of institution		Date (YYYY-MM-DD)	Type of release		

Name	Offender Number
------	-----------------

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 Injury - Minor Death

Specify ►

Violent incident(s) included the use of:

Firearms Other

Specify ►

6. PROGRAM FACTORS

A) Occupational and program interests

TYPE	SPECIFY ACTIVITIES
Educational training	
Professional experience and/or training	
Correctional programs	
Other	

B) Drug/Alcohol involvement

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

Current offence related to drug or alcohol involvement

DRUGS

No Yes User Trafficker

ALCOHOL

No Yes

Participation in drug/alcohol treatment

PAST

No Yes

PRESENT

No Yes

C) General health/Claimed medical ailments

No Yes (specify) ►

Medication required

No Yes (specify) ►

Name	Offender Number
------	-----------------

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) ►	

7. SIGNATURES		
Offender's Name (print)	Signature	Date (YYYY-MM-DD)
Witness Name (print)	Signature	Date (YYYY-MM-DD)