



Interstate Compact Unit
940 N Broadway
Denver, CO 80203
303.763.2408
DOC_interstatetreatment@state.co.us

Letter from the Interstate Compact Office

The Interstate Treatment Program laws were passed in June of 2002 and went into effect August 1, 2004. The purpose of these laws is to track any adult who is seeking education or treatment in Colorado but is under supervision in another state. The Interstate Compact Office uses the information obtained from the treatment application packet to submit the required information to the CBI in order to obtain criminal background information. We use the fingerprinting process, with the Red card included, to verify that we are processing the correct information for the client.

It is very important that the client's information is legible with all lines of entries completed. The offense State information, offense date, crime that was committed and Case# for the offense is vital in processing these applications. We need to know whether or not the client is being supervised by the courts, on parole or probation, or unsupervised probation. At the time of submission we must receive documents from the courts explaining any criminal pending charges. We can not and will not take the client's word for it. Please note that applications will be denied if the case number(s) listed on form A does not coincide with information in the background check. If there are any discrepancies, court documents may be required before a review can be completed.

The fingerprints can be completed by the nearest available local law enforcement agency where the treatment facility is located. Per CRS 17-27-1-101, the client is required to physically appear at a law enforcement agency, whether supervised or unsupervised, for fingerprints and photographing. Law Enforcement Personnel will need to use a Red card or Scanning System in order to generate a criminal history record to be sent to CBI. For any telehealth individuals residing in Colorado, any local law enforcement agency can be sought out for fingerprinting. If a client is doing telehealth from out of state, he or she does NOT need to go through the treatment application process. Please do not deviate from this objective and do not send to any other non law enforcement agencies such as indentogo.com, as doing so will result in the Treatment Application being denied.

When completing the application, Form C needs to be complete with all of the Yes and No questions answered. Forms A, B, and C must be completed in their entirety with up to date and accurate information in order for the application process to be completed. If extenuating circumstances exist an emergent response, it is the provider's responsibility to communicate the need for a conditional approval. The treatment providers' email must be accurate and legible for timely communication. The provider's client release of information form will also need to be complete, signed, and dated. Please understand that all applications must be emailed to the Interstate email address at doc_interstatetreatment@state.co.us.

Thank you.
Interstate Compact Office.

Cover Letter





Form Must be Complete & Legible, or it will be returned
This document is required to complete the Application for Treatment.

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NOTIFICATION OF OUT-OF-STATE OFFENDER PLACEMENT
(C.R.S. 17-27.1-101)

Treatment Agency Information:

Agency Name: _____ DRS#: _____
 Address: _____ Phone: _____ - _____ - _____
 Email: _____
 Staff Name: _____ Date: _____

Client Information:

Full Name _____ Phone: _____ - _____ - _____
 Full Colorado Address: _____
 DOB: ___/___/___ Place of Birth: _____ SSN: _____ - _____ - _____
 Ethnicity: _____ Sex: _____ Ht: _____ Wt: _____ Eye Color: _____ Hair Color _____
 Is the client a Colorado Resident? YES or NO
 Did the client live in Colorado more than 1 year before the offense was committed? YES or NO
 Is the client supervised by a Colorado Court, Probation, or Parole Officer? YES or NO

Offense State Information:

State: _____ Offense Date: _____ Crime: _____ Case #: _____
 Presentence: Court: Unsupervised Probation: Supervised Probation: Parole:
 Length of Sentence/Supervision : _____ Deferred: Diversion: Misdemeanor: Felony:
 Agency supervising the offense: _____
 Address: _____
 Contact Person: _____ Phone: _____ - _____ - _____

Notification of Client Discharge from Program

Date Closed: _____ Completed: Absconded: Terminated:
 Explanation: _____
 Staff Signature: _____ Date: _____





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**REFERRAL UNDER COLORADO REVISED STATUTE
(C.R.S. 17-27.1-101 (07))**

NOTIFICATION OF OUT-OF-STATE OFFENDER PLACEMENT REGISTRATION

Treatment Provider: _____

Offender Name: _____

DOB: ___/___/___ Other State: _____ Crime: _____ Case #: _____

Note: By Law C.R.S. 17-27.1-101 (07)
Person must be fingerprinted where attending treatment, or the nearest available local law enforcement agency where the treatment facility is located. For telehealth individuals any Colorado law enforcement agency will suffice.

You are directed to report to the: _____ Police Dept / Sheriff's Office

Address: _____ Floor / Department Name: _____

Date / Day / Time if applicable: _____

Notice to Law Enforcement Personnel:
Please process and print this person using a RED card or scanning system that will generate a criminal history record when sent to CBI. Do NOT send to identogo.com.
Please send fingerprints to CBI.
Photographs may be sent to CBI or kept in law enforcements' possession.
For questions call: The Interstate Compact Office with Parole,
Colorado Department of Corrections,
P 303.763.2408 E doc_interstatetreatment@state.co.us
Thank you

LAW ENFORCEMENT PERSONNEL:

Please sign and date to acknowledge the above person has been fingerprinted and photographed, per C.R.S. 17-27.1-101 (07).

Badge / ID #: _____

Officer or Staff Name (please print): _____

Staff Signature: _____ Date: _____





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Client Questionnaire

The following questionnaire must be completed by all adult clients seeking admission to this program for any education or treatment, as required by Colorado law. Refusal to cooperate or failure to provide complete or accurate information, including failure to sign a release of information to the referring criminal justice agency, will result in a denial to attend the treatment program and notification to authorities, in accordance with the requirements in C.R.S 17-27-1-101.

Client Name: _____

DOB: ___/___/___ Place of Birth: _____ SSN: _____ - _____ - _____

Signature: _____ Date: _____

1. Are you, or will you be under the supervision of a Probation or Parole Officer in YES or NO Colorado?
2. For DUI Offenders only: Are you seeking education or treatment for the sole purpose of restoring your driving privileges as the result of an alcohol or drug related driving offense in another state, but are not under court order to do so? YES or NO
3. Are you required to report your treatment progress or completion to any Court, Department of Corrections, Parole, Probation, Adult Diversion Program or DMV YES or NO outside of the state of Colorado?
4. Do you have any pending cases, Probation/Parole supervision, or warrants in any YES or NO other state?

If YES to questions 3 or 4 above, please answer the following questions(5-7) and complete Form A, Form B, a Providers Release of Information, along with any court or diversion order. Submit all forms and documentation to the Colorado Department of Corrections Interstate Compact Office.

5. In what state was the crime committed? _____

6. Who are you to report the treatment to? _____
(Example: Court, Judge, Probation or Parole officer, etc.)

7. Name, address, and phone number of your _____
Probation Officer, Parole Officer, Judge, _____
or diversion officer who oversees your _____
case/supervision. _____

Form C

