

MONROE COUNTY CONTROL CENTER
CLEAN / NCIC WANTED PERSON ENTRY REQUEST
EXTRADITION VALIDATION FORM

ORI: _____

DEPARTMENT: _____

REQUESTING OFFICER: _____

DATE: _____

WANTED PERSON: _____

DOB: _____

OFFENSE: _____

GRADE: _____

WARRANT NUMBER: _____

TO: MONROE COUNTY DISTRICT ATTORNEY

Upon application, we have received the above mentioned warrant for the above named individual. We are requesting that you indicate extradition status below:

WILL NOT EXTRADITE:

WILL EXTRADITE FROM ANY STATE:

WILL EXTRADITE FROM THE FOLLOWING STATES ONLY: _____

SIGNATURE OF APPROVING DA OR ADA: _____

PRINTED NAME OF APPROVIND DA OR ADA: _____

DATE: _____