Prisoners (Interstate Transfer) Act 1982

Request by an Inmate for transfer on Welfare Grounds

I, ..................................................... MIN: .............., currently an inmate held at ........................................... Correctional Centre in New South Wales, request, in the interests of my welfare, to be considered for transfer to the State/Territory of ..................................................., a participating State/Territory for the purposes of the Prisoners (Interstate Transfer) Act 1982, to serve the balance of my sentence(s).

Has any appeal been lodged against your conviction or sentence?  YES/NO

Has the appeal been determined?  YES/NO

The request is made on the following grounds: (if space insufficient, set out grounds on additional sheet)

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
Page 1 of 2
Statements in Support of Application

Your application MUST include statements and supporting letters as to the following:

(a) family or near family support in the participating State, including names, addresses and telephone numbers,

(b) the availability of accommodation on your release from a correctional centre,

(c) family or other social circumstances that may benefit your welfare either during imprisonment or following release from a correctional centre,

(d) medical reasons (if any) in support of the request,

(e) prospects of employment following release from a correctional centre,

(f) any other matters that you wish to put forward in support of the request.

Failure to provide the information requested will result in the application being returned without being processed, until the requested information is supplied.

Consent to Use and Disclose Personal Information

For the purposes of this application I consent to the obtaining of:

a) Corrections details/sentence information
b) Criminal history
c) Medical or mental health records
d) Court Transcripts
e) Information relating to my behavioural and program reports

I further consent to any reports, assessments or other information obtained or supplied in respect of me being sent to the appropriate Minister, for consideration of the application in participating State/Territories.

I understand that, on transfer:
a) the sentence(s) of imprisonment imposed on me in New South Wales is taken to have been imposed on me in the participating State, and
b) I will be subject to the provisions of any rules, regulations, etc, applying to inmate’s in that State, and
c) I may be subject to reclassification under those provisions.

SIGNED…………………………………. DATE…………………

*Note Your consent to official use/disclosure is sought, but if withheld, the application will be considered on the basis of available information only.