



UNITED STATES FUGITIVE APPREHENSION & TRANSPORT

CONTRACT FOR EXTRADITION / TRANSPORT

24 Hr Dispatch: 361-853-5000
Dispatch Fax: 361-853-1003

www.usfat.us
usfat@yahoo.com

Requesting Agency: _____

Billing Address: _____

Authorizing Officer / Title: _____ Signature: _____

Phone: _____ Fax: _____ E-mail: _____

Prisoner - Full Name: _____
Last, First, Middle

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race: _____ D.O.B: _____ S.S.N.: _____

Assignment Type: Extradition Bench Writ Chain Medical MHID MHMR Juvenile Hospital Duty

Known Charges: _____ History: Assault Escape Other

Known Threat Group Affiliation: _____ Pickup By-Date: _____ Deliver On-Date: _____

Special Transport Details/Information: _____

Pick-Up/Holding Facility: _____

Facility Address: _____
(Correct Address Required)

City: _____ State: _____ Zip: _____

Contact Person: _____ E-Mail: _____

24 Hr. Phone / Ext: _____ Fax: _____

Special Instructions or Medical Issues: _____

Holding Facility ID #: _____

Destination/Receiving Facility: _____

Facility Address: _____
(Correct Address Required)

City: _____ State: _____ Zip: _____

Contact Person: _____ E-Mail: _____

24 Hr. Phone / Ext: _____ Fax: _____

Special Instructions or Medical Issues: _____

Holding Facility ID #: _____

FOR USFAT USE:

Officer/Deputy/Agent: _____

Pick Up / Deliver Date: _____

Pick Up / Deliver Time: _____

Holding Facility Contact: _____

Person Contacted: _____

Receiving Facility Contact: _____

Person Contacted: _____