



COURT SERVICES
209-554-6920 / 888-202-5036, Ext 2

PRISONER TRANSPORT ORDER FORM
FAX ORDERS: 209-444-0445

CUSTOMER INFORMATION

CUSTOMER NAME _____ Person Assigning _____
PHONE NUMBER _____ PURCHASE ORDER # _____

INMATE INFORMATION

NAME _____
(Last) (First) (Middle)
S.S.# _____ A/K/A _____
D.O.B. _____ SEX _____ RACE _____ BOOKING # _____ HEIGHT _____ WEIGHT _____
HAIR COLOR _____ EYE COLOR _____ INMATE # _____

TYPE OF TRANSPORT

____ BENCH WARRANT ____ COMMITMENT ORDER ____ COURT DATE ____ FORM VI ____ GOVERNOR'S WARRANT ____ OTHER WARRANT
____ IN-STATE ____ INTERSTATE COMPACT ____ WRIT ____ JUDGEMENT ORDER ____ RELEASE DATE ____ PRE-SIGNED WAIVER ____ WAIVER
PICKUP ON DATE _____ COURT DATE _____ DEADLINE (P/U DATE) _____ DEADLINE (D/O DATE) _____
AGENT TO APPEAR IN COURT? YES _____ No _____ PAPERWORK REQUIRED? YES _____ No _____
PICKUP WITH ORIGINAL PAPERWORK? YES _____ No _____

CHARGES & CRIMINAL HISTORY

CURRENT CHARGE(S): _____
CRIMINAL HISTORY: _____
HISTORY OF ASSAULT? YES _____ No _____ HISTORY OF ACTUAL OR ATTEMPTED ESCAPE? YES _____ No _____

MEDICAL INFORMATION

CURRENT MEDICAL ISSUES: _____
MEDICATIONS: _____

HOLDING AGENCY INFORMATION

AGENCY NAME _____ CONTACT PERSON _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NO. _____ 24-HOUR PHONE NO. _____ FAX NO. _____ HOURS _____
SPECIAL INSTRUCTIONS OR RESTRICTIONS _____

DESTINATION AGENCY

AGENCY NAME _____ CONTACT PERSON _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NO. _____ 24-HOUR PHONE NO. _____ FAX NO. _____ HOURS _____
SPECIAL INSTRUCTIONS OR RESTRICTIONS _____

Court Services, Inc will not be liable for medical costs associated with non-emergency medical care or pre-existing medical conditions while in Court Services, Inc 's custody. all prisoner medical costs, including, but not limited to, the costs of transportation to and from any medical facility for incidents not directly resulting from Court Services, Inc shall be paid by the inmate. You also agree that Court Services, Inc is authorized to obtain emergency and/or routine medical treatment for the prisoner whenever deemed necessary.

PLEASE FAX THIS FORM TO OUR OFFICE AT 951-682-9009 INCLUDE ALL NECESSARY MEDICAL, WAIVER, WARRANT PAPERWORK FOR TRANSPORTATION.