



COLORADO
Department of Corrections
Division of Adult Parole

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

The State of Colorado and its Interstate Compact Offices are bound by Colorado Revised Statute 17-27.1-101 which mandates the identification of an adult supervised or unsupervised person as defined by the Interstate Compact Offender Tracking System (ICOTS) and who is in a private treatment program in this state.

A private treatment program is any nonresidential or residential program that provides services, treatment, rehabilitation, education, or criminal history related treatment for supervised or unsupervised person in need of substance use treatment, sex offender management services, or domestic violence services.

A private treatment program does not include a licensed behavioral health entity endorsed to provide crisis care or withdrawal, a facility providing treatment for mental health disorders or intellectual and developmental disabilities.

The CDOC Adult Parole Interstate Compact Office uses the information obtained from the needed treatment application packet to determine if the client is required to register through the Interstate Compact Offender Tracking System as a felony offender, certain misdemeanor offender, or an offender under a deferred judgement or sentence.

If the requirement for a client to register through ICOTS has not been met, the final application for the person to fully participate and complete treatment can be denied per CRS 17-27.1-101.

It is very important that the client's information is legible with all lines completed. The offense state information, offense date, crime that was committed, and case number(s) for the offense is vital in processing applications. We need to know whether or not the person is only being supervised by the courts, is on parole or probation, or unsupervised in any capacity. If additional information is needed or if there are discrepancies that cannot be remedied through research, the application can be denied, but can be resubmitted with complete information at a later date. CDOC Adult Parole will not obtain records on behalf of the client.

Fingerprints and photographs may be completed at a law enforcement agency. This is applicable to any ICOTS eligible offender supervised or not who is currently in Colorado (including telehealth participants). CDOC Adult Parole defers to each private treatment program in directing the client where to report. That law enforcement agency can charge for this service and may set reasonable limitations on the hours and location. 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. If the law enforcement agency refuses to complete the process, an agency in another jurisdiction may be used. Clients must go to an actual law enforcement agency to complete this process if applicable.

Please include a separate email address to which encrypted replies can be sent as needed. All electronic correspondence must be sent to doc_interstatetreatment@state.co.us





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 (7.5)(a)

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
All unsupervised and supervised persons that the Interstate Compact Administrator accepts for placement in private treatment programs, may be required to appear at a law enforcement agency for fingerprinting and photographing.

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 Adult 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 (7.5)(a)

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 specific treatment needs 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, may result in a denial to attend the treatment program by the Interstate Compact Administrator under the authority of 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 outside of the state of Colorado? YES or NO
4. Do you have any pending cases, Probation/Parole supervision, or warrants in any other state? YES or NO

If YES to questions 3 or 4 above, please answer the following questions(5-7) and complete Form A, Form B, a release of information, and provide any court or diversion order. Submit all forms and documentation back to your intended treatment provider. In addition, you may also be required to appear at a law enforcement agency for fingerprinting and photographing.

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

