



Lafayette County

SHERIFF'S OFFICE

REG M. GILL, Sheriff

TROY J. LOEFFELHOLZ, Chief Deputy

HUBER TRANSFER REQUEST FORM

TO: _____ County Jail

Attention: Huber Officer

DATE: _____

TIME: _____

PLEASE ADVISE IF YOU WILL ACCEPT THE FOLLOWING INMATE AS A TRANSFER:

INMATE INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

SENTENCE INFORMATION

Offense: _____

Sentence: _____ Credit: _____ Good Time: _____

Scheduled Start Date: _____ Release Date: _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____ Phone: _____

Supervisor: _____ Wages: _____

Work Hours: _____ Days Off: _____

ACCEPTANCE/DENIAL

The above name has been: ACCEPTED / DENIED (CIRCLE ONE)

AUTHORIZED BY: _____ **DATE:** _____