



**US BLUE RAVEN SERVICES LLC**  
*NATIONWIDE EXTRADITION & PRIVATE TRANSPORT*

**REQUESTING AGENCY :** \_\_\_\_\_

**FUGITIVE NAME:** \_\_\_\_\_ **FUGITIVE DOB :** \_\_\_\_\_

**ORIGINAL OFFENSE :** \_\_\_\_\_

**TRANSPORT REQUEST**

The requesting agency agrees to pay for an attempted to pick up charge equal to the minimum charge when a prisoner is not picked up due to no fault of BRS. BRS will report all such expenditures in detail. By signing this you have confirmed the fee and acknowledged that payments for service is due within 30 days of the fugitive being delivered.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PICK UP INFORMATION:**

**FACILITY NAME:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

**MEDICAL CONDITIONS:** \_\_\_\_\_

**CAUTIONS:** \_\_\_\_\_

**RESTRICTIONS:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

Upon placing this request, the requesting facility agrees that the U.S Blue Raven Services (BRS) ,will not be liable for medical costs associated with any medical care or pre-existing medical conditions while in BRS custody. All prisoners' medical costs, including but not limited to the cost of transportation, medications and care for incidents not directly related to BRS, will be covered by the requestor. BRS will have authorization to obtain emergency care for prisoner while in the care of BRS whenever deemed necessary.

***SIGNATURE OF RELEASING AGENCY :*** \_\_\_\_\_ ***DATE:*** \_\_\_\_\_

**RECEIVING LOCATION INFORMATION**

**FACILITY NAME:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

***SIGNATURE OF RECEIVING AGENCY :*** \_\_\_\_\_ ***DATE:*** \_\_\_\_\_

**ASSIGNED AGENT:** \_\_\_\_\_

**SIGNATURE OF AGENT :** \_\_\_\_\_