FUGITIVE FELON EXCLUSION FAX REQUEST
(SSA 2795-FAX FORM)

Revision Date: 1/10/2005

Check One	PC #	PSC	FAX NUMBER
__	1	NEPSC	718-557-3570
__	2	MATPSC	215-597-0371
__	3	SEPSC	205-801-2262
__	4	GLPSC	312-575-6931
__	5	WNPSC	510-970-2612
__	6	MAMPSC	816-936-5970

PC 7	ODO		
Check One	DIV #	SSN RANGE	FAX #
__	DIV I Mod 4	001-00–234-27	410-597-0939
__	DIV II Mod 22	234-28 – 374-52	410-597-0939
__	DIV III Mod 36	374-53 – 489-52	410-597-0939
__	DIV IV Mod 39	489-53 – 773-99	410-597-0939
PC 8 __	OIO	001-00-773-99	410-597-1800

CAN: _____ BIC: _____

BOAN: _____

NAME: _____

SUSPENSION DATA

DATE OF: WARRANT_____ SUSPENSION_____

ARREST/CONFINEMENT_____ RELEASE_____

_____

DUE PROCESS

- DUE PROCESS NOTICE DATE: _____
- DUE PROCESS PERIOD: ____ 10-DAY ____ 30-DAY
- NOTICE NOT REQUIRED ____ (first-party, non-pay status, or closed period)

EXCLUSION CATEGORY

_____ T2R Exclusion _____MBR Processing Exclusions _____ OTHER (Explain in Remarks)

REMARKS:

_____

_____

_____

_____

PREPARED BY _____ DATE

_____

FO CODE _____ TELEPHONE (_____)_____ EXT (_____)