

**FUGITIVE FELON EXCLUSION FAX REQUEST  
(SSA 2795-FAX FORM)  
Revision Date: 09/01/11**

Check One	PC #	PC NAME	PC FAX NUMBER	Check One	PC #	PC NAME	PC FAX NUMBER
	1	NEPSC	(718) 557-3570		5	WNPSC	(510) 970-1771
	2	MATPSC	(215) 597-0371		6	MAMPSC	(816) 936-5970
	3	SEPSC	(205) 801-2262		7	ODO	(877) 385-0643
	4	GLPSC	(312) 575-6931		8	OIO	(877) 385-0645

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 (\_\_\_\_)