

**FUGITIVE FELON EXCLUSION FAX REQUEST
(SSA 2795-FAX FORM)
Revision Date: 11/05/2024**

Check One	PC #	PC NAME	PC FAX NUMBER	Check One	PC #	PC NAME	PC FAX NUMBER
	1	NEPSC	(718) 557-3570		5	WNPSC	(833) 983-0160
	2	MATPSC	(833) 914-1757 or (215) 597-0371		6	MAMPSC	(833) 960-2329
	3	SEPSC	(877) 310-6767		7	ODO	(877) 385-0643
	4	GLPSC	(833) 914-1646		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 (____)