

FUGITIVE FELON EXCLUSION FAX REQUEST
(SSA 2795-FAX FORM)
Revision Date: 01/03/2025

Check One	PC #	PC NAME	PC FAX NUMBER	Check One	PC #	PC NAME	PC FAX NUMBER
	1	NEPSC	(833) 960-2334		5	WNPSC	(833) 983-0160
	2	MATPSC	(833) 914-1757 or (215) 5970371		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:

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PREPARED BY _____ DATE

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