

UNCLASSIFIED//LOU

U.S. Department of Justice
United States Marshals Service

Cooperative Prisoner Transportation Agreement

INSTRUCTIONS: Form USM-105 should be completed after a USMS district has received a request to move a prisoner via air travel, a quote has been given, and the state or local government has agreed to pay the travel expenses for the prisoner.

- I. This agreement is entered into, pursuant to 31 U.S.C., Sec. 6505(b), between the United States Marshals Service and HIDALGO COUNTY, TX CRIMINAL DISTRICT ATTORNEY'S OFFICE
- II. The state/city/county designates the U.S. Marshal or his assigned Deputies as its agent(s) for the purpose of transporting
 (Name) _____ (DOB) _____
 (Eye Color) _____ (Hair Color) _____ (Sex) M (Race) _____
 (USAID) 53833-749, a prisoner incarcerated at CARSON COUNTY JAIL
 (Name & Location of Local, State, or Federal Facility) 240 W. MAIN ST., PAINE, UT 84501
 with a booking number of 29814, to (Destination) HIDALGO COUNTY, TX
 under the authority of a warrant/detainer issued by CITY OF EDINBURG MUNICIPAL COURT/EDINBURG P.D.
 (see attached). This prisoner should be in U.S. Marshals' custody by 08-01-2018
- III. The state/city/county releases, hold harmless, indemnifies, and forever discharges the United States, the U.S. Marshals Service, the Department of Justice and its officers and agents, in their official and individual capacities, from any and all liability or claims of any kind that they, or any other party (including any prisoner), have or may ever have, or develop against the released parties arising from any action taken by the released parties in connection with this Cooperative Prisoner Transportation Agreement.
- IV. The state/city/county agrees to reimburse the U.S. Marshals Service for transportation and jail costs in the amount not to exceed \$ 2,214.00. The state/city/county also agrees to reimburse the U.S. Marshals Service for all other costs incurred, including, but not limited to, all medical or death expenses as may be required for any prisoner. The final bill will reflect the actual costs incurred. Reimbursement will be by check or money order made payable to the U.S. Marshals Service and mailed to Justice Prisoner and Alien Transportation System (JPATS), 1251 NW Briarcliff Parkway, Suite 300, Kansas City, MO 64116.
- V. The state/city/county will furnish pertinent data concerning security risks or other factors regarding the prisoner, including medical condition(s), suicidal, escape risk, etc. The state/city/county will also furnish current tuberculosis clearance paperwork-documented medical test results showing a negative PPD or chest x-ray, completed within the past 12 months.
 Check here if there are any security/medical data attached.
- VI. The U.S. Marshals Service will transport and house the prisoner in accordance with Service policies and procedures for federal prisoners.

Juan Villegas
SIGNATURE
JUAN VILLEGAS, 1st ASST D.A.
OFFICIAL (type or print)
HIDALGO COUNTY CRIMINAL DISTRICT ATTORNEY
STATE OR LOCAL AGENCY NAME
100 E. CANO ST.
MAILING ADDRESS
EDINBURG, TX 78539
CITY/STATE/ZIP
956-242-7600
TELEPHONE (include area code)
7-19-2018
DATE

Gary Blankenship
SIGNATURE
Gary Blankenship
U.S. MARSHAL (type or print)
5/1X-McAllen
DISTRICT
1701 W. Bue 83, suite 1125
MAILING ADDRESS
McAllen, TX 78501
CITY/STATE/ZIP
(956) 992-7700
TELEPHONE (include area code)
7/25/18
DATE

Note: Completed forms containing personally identifiable information (PII) must be encrypted and include the appropriate marking (U//LOU) in the SUBJECT line of the message prior to dissemination via email.

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SCANNED
27 JUL 18