

U.S. Department of Justice  
United States Marshals Service

## Cooperative Prisoner Transportation Agreement

**INSTRUCTIONS:** The district will submit Form USM-105 after the district has received a request from a state or local government to move a non-federal prisoner and JPATS has provided the district a quote for the travel and jail expenses. After obtaining the state or local government's signature, the district will send a copy of the completed form to JPATS.

- I. This agreement is entered into, pursuant to 31 U.S.C., Sec. 6505(b), between the United States Marshals Service and \_\_\_\_\_
- II. The state or local government designates the U.S. Marshal or assigned Deputies as its agent(s) for the purpose of transporting  
 (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_  
 (Eye Color) \_\_\_\_\_ (Hair Color) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Race) \_\_\_\_\_  
 (USM#) \_\_\_\_\_, a prisoner incarcerated at  
 (Name & Location of Local, State, or Federal Facility) \_\_\_\_\_  
 with a booking number of \_\_\_\_\_, to (Destination) \_\_\_\_\_  
 under the authority of a warrant/detainer issued by \_\_\_\_\_  
 (see attached). This prisoner should be in U.S. Marshals' custody by \_\_\_\_\_
- III. The state or local government 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 or local government agrees to reimburse the U.S. Marshals Service for transportation and jail costs in the amount not to exceed \$\_\_\_\_\_. The requesting party also agrees to be directly obligated and responsible for costs including, but not limited to, all medical or death expenses as may be required in situations in which the prisoner is not serving a current federal sentence. Reimbursement will be by check 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. Payment is due within 30 days of receipt of invoice and is subject to provisions of the Debt Collection Improvement Act of 1996; delinquent debt may result in denial of service.
- V. The state or local government will furnish to the USMS and JPATS pertinent data concerning security risks or other factors regarding the prisoner, including but not limited to medical condition(s), suicidal tendencies, and escape risk. The state or local government will also furnish current tuberculosis clearance paperwork showing a negative PPD or chest x-ray was completed within the past 12 months. Transportation refusal due to unreported medical conditions or incomplete paperwork may still incur billable costs.
- Check here if there are any security/medical data attached.
- VI. Any intervening event that may occur in transit will not terminate agreement. Any costs incurred notwithstanding any intervening event will remain the responsibility of the state or local government.
- VII. The U.S. Marshals Service will transport and house the prisoner in accordance with Service policies and procedures for federal prisoners. Please refer to [https://www.usmarshals.gov/jpats/non\\_federal.html](https://www.usmarshals.gov/jpats/non_federal.html) for further guidance.

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.

UNCLASSIFIED // LOU

Signature

Signature

OFFICIAL *(type or print)*

U.S. MARSHAL *(type or print)*

STATE OR LOCAL AGENCY NAME

DISTRICT

MAILING ADDRESS

MAILING ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

TELEPHONE *(Include area code)*

TELEPHONE *(Include area code)*

DATE

DATE

ORGANIZATION TAX IDENTIFICATION #: \_\_\_\_\_

BILLING POINT OF CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Copies of the completed agreement should be filed by the state or local entity requesting the movement of inmate, the USMS district office, and Justice Prisoner and Alien Transportation System (JPATS).

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