



# ARREST WARRANT & RETURN VERIFICATION

CHICAGO POLICE DEPARTMENT  
3510 South Michigan Avenue  
Chicago, Illinois 60653

CHECK THE UNIT BELOW THAT APPLIES.

**CENTRAL WARRANT UNIT - Respond within 24 hours.**

TEL: 312-745-5208 FAX: 312-745-6951 or 312-745-6969 PAX: 0422

The following subject \_\_\_\_\_ being held at \_\_\_\_\_  
Correctional Center or Outside Agency has the following active Chicago Police Warrant \_\_\_\_\_,  
with a current release date of \_\_\_\_\_. Please advise if you will be placing a hold on this  
subject and scheduling a pick-up.

**EXTRADITION UNIT - Respond within 24 hours.**

TEL: 312-745-5221 FAX: 312-745-6950 PAX: 0421

The following subject \_\_\_\_\_ is being held in the State of \_\_\_\_\_ on  
the following active Chicago Police Warrant \_\_\_\_\_ for the charge of \_\_\_\_\_  
\_\_\_\_\_. Please advise if you will be scheduling a pick-up with Extradition Unit 166  
once subject is ready.

## SUBJECT INFORMATION

I.D.O.C NO.

I.R NO.

S.I.D NO.

F.B.I. NO.

WARRANT NO.

DOCKET NO.

AGENCY NAME:

ADDRESS:

PHONE:

\*\*\*\*\*PLEASE FILL OUT AND FAX BACK TO PERSPECTIVE UNIT\*\*\*\*\*

Will Place Hold / Be Available for Pick-Up.  Yes or  No

If Yes, Date of Pick-Up: \_\_\_\_\_ Name/ Star No.: \_\_\_\_\_  
Day Month Year

If No, Reason Why: \_\_\_\_\_

Area: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Star No.: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** A copy of the confirmation of this request will be forwarded to the office of:

**Chief of Detectives**

3510 South Michigan Avenue 4th floor

Bell: 5-6016

Fax: 5-6836

Pax: 0381