

NOTICE OF TRANSPORTATION COSTS

DATE: _____

TO: _____ # _____

FROM: _____, Warden/Facility head
_____ Correctional Center/Facility

SUBJECT: WRIT OF HABEAS CORPUS AD PROSEQUENDUM/AD TESTIFICANDUM

This office has received a Writ of Habeas Corpus to deliver you to a civil hearing set on _____, 20__ at _____ am/pm in the _____ Courthouse.

Under State Statute, 12 O.S. Section 397, parties/inmates are required to pay for trips to court regarding civil matters. The estimated costs of the trip are:

Estimated Mileage: \$ _____ per mile x _____ miles = \$ _____
Cost of Officer/s: \$ _____ per hour x _____ hours = \$ _____
Total: \$ _____

If the court orders you to pay the costs, you are required to complete a disbursement in this amount and turn it in to the business office immediately upon return to the facility. If you do not, the costs will be collected based upon the court order. If you do not have the full amount due, your account will be automatically debited each month at the rate of 80% of any/all funds placed in your trust accounts until this amount has been paid. If the trip takes less than the estimated hours, your debt will be adjusted and you will only be required to pay for the actual costs incurred. In no event will the cost be more than the amount ordered by the court. In accordance with the law, a proposed order will be presented to the court at the time of your delivery to the court.

You may appeal this notice by use of the inmate grievance process only if you feel that the amount charged has been incorrectly calculated.

Inmate Signature and Date

cc: Original to the inmate
Field File (Section 1)

(R 03/22)