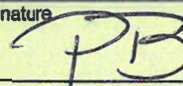



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Kristin Ross Extradition Spec. Gov Extraditions off Dept of Corrections + Community Supervision Bldg 2 room 315 1230 Washington Ave Albany, NY 12226-2050</p>  <p>9590 9402 1792 6074 8231 24</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7016-0750 0000 9423 3139</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OCT 21 2016</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



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Tracking Number: 70160750000094233139

Updated Delivery Day: Friday, October 21, 2016

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
October 21, 2016 , 9:41 am	Delivered	ALBANY, NY 12226
Your item was delivered at 9:41 am on October 21, 2016 in ALBANY, NY 12226.		
October 21, 2016 , 5:10 am	Arrived at Unit	ALBANY, NY 12288
October 20, 2016 , 6:19 am	Departed USPS Facility	ALBANY, NY 12288
October 19, 2016 , 1:40 pm	Arrived at USPS Facility	ALBANY, NY 12288
October 17, 2016 , 10:40 pm	Arrived at USPS Facility	COLUMBIA, SC 29201

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Scott, Anita

From: Riley Maxwell <riley.maxwell@scsolicitor6.org>
Sent: Wednesday, August 17, 2016 2:31 PM
To: Ross, Kristin C (DOCCS)
Cc: Scott, Anita
Subject: RE: Latroy Sampson - New York DIN #15B0496
Attachments: Sampson, Latroy sentence sheet.pdf

Thank you.

I've attached his sentence sheet, indictment and warrant.

Riley J. Maxwell
Deputy Solicitor, Sixth Circuit Solicitor's Office
P.O. Box 1085 | Winnsboro, S.C. 29180
(803) 712-1735 (office) | (803) 682-0059 (cell) | (803) 712-1267 (fax)
riley.maxwell@scsolicitor6.org

From: Ross, Kristin C (DOCCS) [<mailto:Kristin.Ross@doccs.ny.gov>]
Sent: Wednesday, August 17, 2016 11:46 AM
To: Riley Maxwell <riley.maxwell@scsolicitor6.org>
Cc: Scott Anita (ascott@sled.sc.gov) <ascott@sled.sc.gov>
Subject: Latroy Sampson - New York DIN #15B0496

Dear Riley,

Per our conversation, the NYS Department of Corrections and Community agrees to allow Mr. Sampson to serve the remainder of his New York sentence concurrently with his sentence in South Carolina. We have done this with other states by way of an Executive Agreement between Governors which essentially waives the requirement to return him to us under the IAD. Attached please find contact information for Anita Scott. Anita, please feel free call me when you have a chance if you would like to discuss further.

Sincerely,

Kristin

Kristin C. Ross

Extradition Specialist, Governor's Extradition Office
Coordinator, Foreign Consular Notification, Access & Inquiries

Department of Corrections and Community Supervision
Harriman State Campus, Building 2, Room 315
1220 Washington Avenue
Albany, New York 12226-2050
Tel. (518) 457-4899 | Fax (518) 485-2381 | kristin.ross@doccs.ny.gov

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