NC Department of Adult Correction
PROTECTION • INNOVATION
REHABILITATION

Josh Stein
Governor

Leslie Cooley Dismukes
Secretary

AUTHORITY TO DETAIN AND HOLD

TO ANY OFFICER AUTHORIZED BY LAW TO DETAIN AND HOLD:

Justin Drake (Name) is an out-of-state offender from the State of Florida (State).

who is presently being supervised by the North Carolina Department of Adult Correction, Community Supervision.

Based on facts presented to this Office, there is reasonable suspicion to believe that said out-of-state offender has violated the terms or conditions of supervision and must therefore be detained and held pending a probable cause hearing on the issue.

Pursuant to section 148-65.8 of the General Statutes of North Carolina and the rules of the Interstate Compact Agreement for the Supervision of Adult Offenders granted by Congress, (48 Stat.909, 4 U.S.C. Section 112), you are hereby authorized and directed to detain and hold:

Justin Drake
(Name)

(Address)

The out-of-state offender is to be held at any suitable institution other than a North Carolina Adult Correction Prison Facility.

ATTENTION MAGISTRATE: THIS OUT-OF-STATE OFFENDER IS NOT SUBJECT TO BOND.

If the offender is eligible for a probable cause hearing, a probable cause hearing will be held within 15 days from the date placed in custody unless such hearing is waived by the offender. Upon conclusion of the probable cause hearing, the offender is not entitled to any judicial proceedings in North Carolina in this matter. All legal requirements to obtain extradition of fugitives from justice are expressly waived.

This the 1st day of October, 2025.

Ashley Meadows
Deputy Compact Administrator
NC DAC, Community Supervision
Office: 984-960-5042
Fax: 919-324-6248

NOTICE
DO NOT RELEASE THIS OFFENDER BEFORE CONTACTING THE DEPUTY COMPACT ADMINISTRATOR

Attachments: **Out of State Warrant/Violation Report**
Application for Offender Transfer

Mailing Address:
2020 Yonkers Rd.
Raleigh, NC 27699-4250

Office Location:
2020 Yonkers Rd.
Raleigh, NC 27699

Tracy K. Lee,
Deputy Secretary
Community Supervision

An Equal Opportunity Employer

http://dac.nc.gov

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October 1, 2025
CPPO: ANGELA STAFFORD
Unit # 521OK

RE: DRAKE, JUSTIN C.
OPUS #: 1699621 OFFENDERS # 1209081
FLORIDA#A70413 PROBATION

A warrant has been issued as a result of the violation(s) of the terms or conditions of supervision. For this reason, we are attaching North Carolina's Interstate Compact *"Authority to Detain and Hold"* and *"Waiver of Probable Cause Hearing"* for your assistance in service.

Please immediately notify this office upon apprehension of the offender to advise where the offender is being housed, status of the waiver, and whether there are any pending charges. ***The offender has the option to either sign the waiver of probable cause hearing and admit to one or more of the violations (by initialing next to the violation they admit to) **OR** request a probable cause hearing (and they do not sign the waiver).* The probable cause hearing in NC is **NOT** a hearing to determine guilt or revocation. It is to determine whether there is sufficient evidence to believe that a violation(s) has occurred, and the offender should be returned to the sending state for a violation hearing.

Please assist this office by informing the local authorities that this offender is being supervised through the Interstate Compact NC General Statute 148-65.5, and therefore, *shall not be considered a fugitive from justice* at the time of arrest. **THIS OFFENDER IS NOT SUBJECT TO BOND ON THE OUT-OF-STATE WARRANT**. NC G.S. 148-65.8 and the Interstate Compact Agreement for Adult Offender Supervision state the offender is not entitled to any judicial proceedings in North Carolina in this matter. If a bond has been set on the out-of-state warrant, it applies **only** when the offender is returned to the sending state.

Thank you for your assistance in this matter.

Sincerely,
Ashley Meadows
Ashley Meadows, Interstate Compact Office
ISC Community Supervision Analyst (CSA)
NC Department of Adult Correction - Community Supervision

MAILING ADDRESS:		FROM THE OFFICE OF:
4250 Mail Service Center		Tracy K. Lee
Raleigh, NC 27699-4259		Deputy Secretary
		Community Supervision
OFFICE LOCATION:		
2020 Yonkers Road		
Raleigh, NC 27699	*An Equal Opportunity Employer*	**https://dac.nc.gov**

*** INTERSTATE COMPACT OFFENDER APPLICATION ***

Interstate Commission for Adult Offender Supervision

OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER

SECTION 1: STATE INFORMATION

To: NORTH CAROLINA	Date: 12/06/2022	Phone #: (850) 973-5541
From: FLORIDA		Fax #: (850) 973-5479

SECTION 2: OFFENDER INFORMATION

Offender's full name (Last, First, M.I.): DRAKE, JUSTIN C.		Offender number: A70413 Sending State #: 08516405 Receiving State #:		
AKA:				
SS#: (If available): 242-31-4856	FBI#: (If available): TFFX4PCPL	Sex: Male ☒	Race: White ☒	DOB: 08/12/1979

I, DRAKE, JUSTIN C. , am applying for transfer of my parole/probation/other supervision from FLORIDA (sending state) to NORTH CAROLINA (receiving state). I understand that the transfer of my supervision is a privilege and not a right, and that my transfer and supervision will be subject to the rules of the Interstate Commission for Adult Offender Supervision.

I understand that my supervision in another state may be different than the supervision I would be subject to in this state, and that the receiving state will determine the manner in which I will be supervised. I agree to accept any differences that may exist because I believe that transferring my supervision to NORTH CAROLINA (receiving state) will improve my chances for making a good adjustment in the community. I FULLY UNDERSTAND AND ACKNOWLEDGE ALL OF THE ABOVE CONDITIONS AND FREELY AND KNOWINGLY WAIVE ANY CHALLENGE TO THESE REQUIREMENTS OF TRANSFER, INCLUDING THE CONDITIONS OF SUPERVISION IN THE STATE TO WHICH I REQUEST TRANSFER. In doing so I respectfully request the authorities to whom this application is made to consider my request for transfer of supervision.

In support of my application for transfer I make the following statements:

1. I will comply with the terms and conditions of my supervision that have been placed on me, or that will be placed on me by FLORIDA (sending state) and NORTH CAROLINA (receiving state).
2. I understand that if I do not comply with all the terms and conditions that the sending state or the receiving state, or both, placed on me, that it will be considered a violation and there may be consequences including return to the sending state.
3. I agree to the release of any drug or alcohol treatment information from FLORIDA (sending state) to any authorized person in NORTH CAROLINA (receiving state) for the purpose of transferring my supervision. This consent remains in effect from this date 12/06/2022 (today's date) until I revoke this consent.
4. I agree to return to FLORIDA (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly called the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending or receiving state. Therefore, I agree that I will not resist or fight any effort by any state to return me to the sending state and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

Offender's signature: _____ Date: 12/06/2022

Printed name: DRAKE, JUSTIN C.

Witness: _____ Date: 12/06/2022

Printed name: HUBBARD, SCLO

*** SOURCE: http://www.interstatecompact.org/interstate-forms ***