

NOTICE OF INTENT TO REMOVE FROM PROGRAM

Prisoner's Name:	<input type="text"/>	Offender Number:	<input type="text"/>	Date	<input type="text"/>
Program:	<input type="text"/>	Program Supervisor:	<input type="text"/>		

A determination has been made to remove you from the above named program for the reasons listed below. Unless you exercise your right to a hearing before the Classification Committee / Hearing Officer, removal will become effective at 4:30 pm the next working day as indicated below. To contest removal from the program, check the box which states "I request this matter to be heard by the Classification Committee / Hearing Officer." To prevent automatic removal you must return this completed form to:

name: by 4:30 PM on:

Reasons for removal:

I request this matter to be heard by the Classification Committee / Hearing Officer

You will be notified of the date time of your hearing. Removal will not be implemented until a decision is made by the Committee / Hearing Officer. The decision may be appealed to the Superintendent and must be made within five working days after you receive the decision. You may appeal the decision of the Superintendent to the Director of Institution; that must be done within five working days of receipt of the Superintendent's decision.

COPY TO THE PRISONER:

PRISONER SIGNATURE:	<input type="text"/>	Date	<input type="text"/>
STAFF SIGNATURE:	<input type="text"/>	Date	<input type="text"/>
STAFF TITLE:	<input type="text"/>	Time	<input type="text"/>

DISTRIBUTION:

Original: Prisoner Case Record
 Copies: Prisoner Program Supervisor Probation Officer Classification Chair