

Sept 19

FIRST STEP ACT (FSA) Eligibility

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

INSTITUTION: _____ UNIT: _____

INMATE NAME: _____ REG. NO: _____

FEDERAL DISTRICT COURT INMATE

_____ YES _____ NO

FINAL ORDER OF DEPORTATION

_____ YES _____ NO

CURRENT FEDERALOFFENSE CODEOFFENSE_____
_____**PRIOR FEDERAL AND STATE**

Murder, Voluntary Manslaughter, Assault with Intent to Commit Murder, Aggravated Sexual Abuse and Sexual Abuse, Abusive Sexual Contact, Kidnapping, Carjacking, Arson, Terrorism

OFFENSE(S)_____

Based on the above, this inmate (select one):

_____ **Eligible** _____ **Ineligible** _____ **Requires Additional Review**

Case Manager (Print / Sign)

Date

Unit Manager (Print / Sign)

Date

Legal Review:

_____ **Eligible**_____ **Ineligible**

CLC (Print / Sign)

Date

Inmate (Print / Sign)

Date