

OCT 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Community Corrections Manager)		FROM: Chief Executive Officer (Name, Title & Date) - Signature certifies approval and CIMS Clearance	
Inmate Name		Register Number	Date
Unit Manager/Mail ID		Institution (Address and Phone Number)	
1. Release City		Supervision District	
2. Anticipated Release Date		Method	Verified by (ISM Staff)
3. Recommended (only one): a. Range _____, or b. Date _____		4. If a presumptive parole case, enter the date the pre-release record review progress report was submitted to the Parole Commission: _____	
5. Statutory Interim Hearing Scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived		6. Supervised Release <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Parole Term <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Aftercare Supervision <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/> Other <input type="checkbox"/> N/A			
8. CIM Case: <input type="checkbox"/> Yes <input type="checkbox"/> No		Assignment:	
As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separatee Data and I recommend the inmate be considered for CCC placement and clearance be granted by the Warden.  <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of CMC _____ Upon signature of the Warden, I will update SENTRY to reflect CCC referral for range/date as listed in item 3 above.			NOTE: The CMC will update SENTRY to reflect specific dates and CCC location code upon notification of acceptance from the CCM.
9. If proposed District of Supervision differs from Sentencing District, has USPO approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Does inmate have a committed fine? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate how fine will be paid in item 12.	
11. Additional Information, including status of any detainers or pending charge(s) and whether there is a substance abuse history.			
12. Specific release preparation/Pre-natal care needs.			

13. For MINT Referrals,  
Date of Delivery:

14. (a) For MINT Referrals, Projected Date of Return to Parent Institution:  
(B) Proposed guardian:

TO BE FORWARDED WITH THE REFERRAL FORM	NO. COPIES	TO BE FORWARDED TO THE REGIONAL TSM	NO. COPIES
BP-S210, Referral Form	2	BP-S210, Referral Form	1
Current Progress Report	2	Current Progress Report	2
Pre-sentence Report/Violation Report	2	Treatment Summary and Referral Form	2
Community Based Program Agreement	2	Drug Abuse Treatment Programs Agreement to	
BP-339 CIM Case Information Summary (Non-Separation Cases)	1	Participate in Community Transition Programming	2
USPO Acceptance Letter	2		
Copy of Latest Notice of Action	2		
BP-351 Medical Evaluation for Transfer of Inmates to CCC Type Facility	2		
Judgment & Commitment Order	2		
Statement of Responsibility	2		

\* If the inmate has a diagnosed, ongoing medical condition, such as diabetes or coronary disease, send any pertinent medical records.

Record Copy - CCM; Copy - Institution File; Copy - USPO Sentencing District; Copy USPO District of Supervision