

APR 10

CLASSIFICATION OR DECLASSIFICATION

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

NAME	REGISTER NUMBER
DATE	INSTITUTION

☐ I. CLASSIFICATION

This is to advise you of your classification as a **CIM** Case. This classification does not preclude you from transfer, temporary release, or participation in community activities recommended by the Warden, but it requires review by the Regional and/or Central Office for such participation to occur. This classification will be reviewed (depending on your **CIM** assignment) by the Warden or Regional Office within 60 days to determine if a sound basis exists to continue you as a **CIM** case. You will be advised only if your classification changes as a result of this review.

You may submit any objections to this classification directly to the review authority (address available from Unit Staff). A **CIM** classification not changed in 60 days from date of this notification is final and may be appealed through the Administrative Remedy Procedure.

A. CIM ASSIGNMENTS**B. RATIONALE FOR CLASSIFICATION**

INMATE SIGNATURE

TYPED NAME & SIGNATURE OF STAFF MEMBER

DATE

☐ II. DECLASSIFICATION

Rationale for removal.

INMATE SIGNATURE

TYPED NAME & SIGNATURE OF STAFF MEMBER

DATE

Record Copy - Central File; Copy - Regional Office (if Review Authority); Copy - Inmate