

WAIVER OF CCC DRUG TREATMENT REQUIREMENT

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Inmate	Register Number	CCC Facility
--------	-----------------	--------------

WAIVER

The above-named inmate is granted a waiver of the requirement to participate in the CCC drug treatment program provided as part of the CCC Statement of Work. Waiver is granted because this inmate is participating in the Community, Transition Drug Abuse Treatment (THAT)

Regional Transitional Drug Abuse Treatment Coordinator	Date
Community Correction Manager	Date

CCC BLANKET WAIVER

Until further notice, the above-named CCC is exempted from the provision of 30 minutes of drug treatment per week to all inmates actively participating in the community-based transitional services program.

Regional Transitional Drug Abuse Treatment Coordinator	Date
Community Correction Manager	Date

REVOCAION OF WAIVER

The above-named inmate's/CCC'S waiver of participation in the CCC drug treatment program is hereby revoked.

Regional Transitional Drug Abuse Treatment Coordinator	Date
Community Correction Manager	Date

Original - CCC Director; Copy - CCM; Copy - Inmate Treatment File