

EARLY RELEASE REVIEW

Date:	
Memorandum to the Attention of:	
From: Warden	Institution
Subject: 3621 (e) Release Review	

SECTION A - IDENTIFYING INFORMATION

1. Inmate Name	Register No.
2. CCC approved/anticipated transfer date:	
3. Instant Offense Statutes(s)	

SECTION B - RDAP INFORMATION

4. DAP COMP date or expected date:
5. Inmate resided on RDAP unit while in DAP PART: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, reason:

SECTION C - POST-RDAP INFORMATION

6. NR TS/FOLL STATUS: <input type="checkbox"/> PART <input type="checkbox"/> COMP <input type="checkbox"/> INCM <input type="checkbox"/> STILL DAP PART
7. Subsequent to DAP COMP status, has inmate been found guilty by the DHO/UDC of any misconduct that would preclude an early release? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D - CRIMINAL OFFENSE RECORD

8. Does the inmate have an Enhanced Base Offense Level or Specific Offense Characteristic Enhancement for use or threatened use of force, possession/use of firearms or other weapons, e.g., explosive? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. If a legal review was conducted, explain the outcome below:

SECTION E - RELEASE AND TRANSFER INFORMATION

10. Does this inmate have an detainer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was the inmate in DAP PART status and residing in a RDAP on or before 8/17/95? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has this inmate been released under 18 U.S.C. 3621(e) on a previous occasion? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is the inmate in compliance with FRP obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> No Obligation
13. What is the GroupWise Mail I.D. of the inmate's current housing unit:

SECTION F - REVIEWING OFFICIAL'S CONCERNS/SIGNATURES

Additional Comments
Date of review:
DAP Coordinators' Printed Name and Signature
Date submitted to Region:
Regional DAP Coordinator's Name and Signature
Date Regional Review Process Completed: