

TO: Designation and Sentence Computation Center	
From: Transitional Drug Abuse Treatment Coordinator - (Name & Telephone Number)	
Date:	
Subject: REQUEST FOR DELAY OR REMOVAL OF PROVISIONAL § 3621 (e) DATE	
Inmate:	Register Number:

The inmate was required to participate in community transitional drug abuse treatment (TDAT) prior to § 3621 (e) release. The current provisional § 3621(e) release date for this inmate is _____.

The inmate cannot fulfill the requirements for TDAT completion because _____ (cite reason).

His/Her provisional 3621 (e) release date must be delayed for _____ days. Please adjust his/her release date in SENTRY.

OR

The inmate can not complete TDAT because

- TDAT Program Failure
- RRC Program Failure
- Disciplinary Action
- Administrative

Based on his/her failure to complete TDAT, his/her 3621 (e) status must be removed. Please remove his/her early release date.

REINSTATE

A request to remove the early release date was submitted for the inmate on _____ (date). The inmate's early release date was rescinded. It should be reinstated because _____ (cite reason).

His/Her provisional 3621 (e) release date must be delayed for _____ days. Please adjust his/her release date in SENTRY.

cc: CCM File
TDAT File
Inmate
Supervisor