

RESIDENTIAL DRUG ABUSE PROGRAM NOTICE TO INMATE**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

To	Reg. No.
From	Institution
Title	Date

SECTION 1. RESIDENTIAL DRUG ABUSE PROGRAM QUALIFICATION

You have requested participation in the Bureau's Residential Drug Abuse Treatment Program. My review of your case indicates that you (☐ **DO** ☐ **DO NOT**) meet the admission's criteria for the Residential Drug Abuse Program. It appears that you (☐ **DO** ☐ **DO NOT**) qualify to participate in the Residential Program. State the reason(s) below.

Comments

SECTION 2 - PROVISIONAL § 3621 (E) ELIGIBILITY (To be completed only if the inmate has completed or qualifies for the Residential Drug Abuse Treatment Program.)

For Residential Drug Abuse Treatment Program graduates to be eligible for early release, they must (DAPC must "x".)

<input type="checkbox"/> Not an INS detainee.	<input type="checkbox"/> Not a pre-trial inmate.
<input type="checkbox"/> Not a contractual boarder.	<input type="checkbox"/> Not an "old law" inmate.
<input type="checkbox"/> Not have a current crime that is an excluding offense in BOP categorization of offenses policy (Mark an "x" in the appropriate block on the right.)	<input type="checkbox"/> Not a crime of violence as contained in BOP Categorization of Offenses policy. <input type="checkbox"/> Not an excluding crime by the Director's discretion in Categorization of Offenses policy.
<input type="checkbox"/> Not have any prior felony or misdemeanor adult conviction for homicide, forcible rape, robbery, aggravated assault, or sexual abuse of children.	

My current assessment, in consultation with your unit team, is that it (☐ **DOES** ☐ **DOES NOT**) appear that you are provisionally eligible for an early release. If not, List **ALL** the reason(s).

Comments

If applicable, I understand that a determination of early release for me is provisional, may change, and depends on continued positive behavior and successful participation in all components of the program, including community transitional services.

Inmate's Signature (indicate if refused to sign)	Refused to sign <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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cc: Drug Abuse Treatment File; Unit Team (place in section 4 of inmate central file); inmate