



**Challenge Incarceration Program Phase I
Denial of Entrance/Program Termination Appeal**

Incarcerated Individual Name: _____ **OID#** _____ **Date:** _____

Type of Denial/Termination:

- | | |
|--|---|
| <input type="checkbox"/> Denial of Entrance | <input type="checkbox"/> Termination from CIP |
| <input type="checkbox"/> Admissions Review | <input type="checkbox"/> Rescinded Admission (administrative removal) |
| <input type="checkbox"/> Medical/Mental Health | <input type="checkbox"/> Revocation |

Note: Voluntary Termination from CIP Phase I cannot be appealed.

Date of Notice: _____

REASON(S) FOR APPEAL:

Appeal must be made within 10 days from receipt of the Denial of Entrance/Program Termination Notice.

Incarcerated Individual Signature

Date

CIP Warden Receiving Staff

Date

(Staff instructions: Note the date and print and sign your name above. Deliver to the CIP Warden.)



**Challenge Incarceration Program Phase I
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CIP Warden Appeal Decision:

Appeal Affirmed

Appeal Denied

Reasons:

CIP Warden Signature: _____

Date: _____

Commissioner or Designee Appeal Decision:

Appeal Affirmed

Appeal Denied

Reasons:

Commissioner's or Designee's Signature: _____

Date: _____

Distribution: Incarcerated Individual, ODocS