

CHALLENGE INCARCERATION PROGRAM RECYCLE AGREEMENT

I, <u>Participant Name,</u> OID# <u>123456,</u> do understand that Phase I of the Challenge Incarceration Program, that	
☐ I will be placed in <u>Squad Name</u> . I understand that graduation date from Phase I of the Challenge Inc <u>squad end date</u> .	
☐ I understand that my Phase I status can be termin learning experiences which would demonstrate co	
☐ I understand that the Challenge Incarceration Program can seek the termination of my Phase I status should I plead guilty to or, through a Due Process Hearing, be found guilty of, violating any Department of Corrections discipline regulation.	
Participant Signature:	Date:
Staff Signature:Staff Printed Name:	

Distribution: Incarcerated Person, ODocS