



## CHALLENGE INCARCERATION PROGRAM VOLUNTARY TERMINATION

I, (Participant name and OID), do voluntarily decline participation in the Challenge Incarceration Program (CIP). I understand that, in removing myself from CIP, I will be returned to my parent facility for a time period equal to my original term of imprisonment, minus earned good time, if any, but in no case for longer than the time remaining in my original sentence. "Original term of imprisonment" means a period equal to two-thirds of the sentence originally executed by the sentencing court, minus jail credit if any.

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I understand by signing this voluntary termination form, that I am waiving my right to a revocation appeal.

I, (Participant Name), will receive credit for the time spent at CIP from (Start Date) to (Exit Date).

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_