



TO: Commissioner or Designee

FROM: Gino Anselmo, Warden
Choose an item.
Choose an item.

DATE: Click or tap here to enter text.

RE: CIP Candidate Central Office Administrative Review
Public Safety Concern

NAME: Click or tap here to enter text. OID: Click or tap here to enter text.

Application date: Click or tap here to enter text.

Current Sentence(s): Click or tap here to enter text.

Click or tap here to enter text.

Recommendation:

Warden Recommendation:

☐ **Approve** CIP entrance

☐ **Deny** CIP entrance

Comment:

CIP Warden Signature: _____

Date: _____

Commissioner or Designee Decision:

☐ **Approve** CIP entrance

☐ **Deny** CIP entrance

Comment:

Commissioner/Designee Signature: _____ **Date:** _____