



**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 Rescinded Admission (administrative removal) |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.)



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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