Minnesota Correctional Facility-
Case Review Team Notice

Date: _____

To: _____ OID: _____ Unit: _____

Cell/Room _____

From: _____
Case Manager

This memo is to notify you that you will be scheduled for a Case Review meeting with your case manager within the next 3-5 business days. You will be given a pass to attend this meeting.

Type of Review:
☐ Initial ☐ Annual ☐ Reentry
☐ Other _____

If this notice is sent to you through institution mail, no response is needed.

If this notice is delivered to you in person by case management staff, please complete this section:

I understand that I am entitled to 48 hours prior notice for any Program Review Team meeting.

☐ I waive my right to 48 hours prior notice of this meeting. I am willing to participate at any time.

☐ I want at least 48 hours prior notice for this meeting.

After the review meeting, a Case Review Report will be written describing the things that were discussed. This report will be given or sent to you unless you check the box below.

☐ **Please <u>do not</u> send the Case Review Report to me.**

Signature _____ Date _____

Original: Incarcerated Person
Copy: ODOCS