Challenge Incarceration Program-Shakopee/Togo/WR
CIP.Intake.DOC@state.mn.us
www.mn.gov/doc

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:**

Distribution: Original to CIP Intake, Commissioner's File, ODOCS