INMATE BOOT CAMP PROGRAM STATEMENT OF WITHDRAWAL FROM 90-DAY PROGRAM BY THE PAROLE BOARD

	PRISON	
Inmate:	DATE:	
STATE ID#:	DOB:	
	decision to reject the above named in amp Program for the following reasons:	nmate
Counselor	Date	
Warden/Designee	Date	

RETENTION SCHEDULE:

Upon completion of this form, it will be placed in the inmate/probationer's case history file.