



Oregon

Kate Brown, Governor

Oregon Department of Corrections Offender Management and Rehabilitation Division

2575 Center Street, NE
Salem, OR 97301-4667
Telephone: (503) 945-9055
Fax: (503) 373-1173



NOTICE OF AIP FAILURE

Date: June 15, 2016
To: Inmate Name, SID # Inmate's SID
From: First initial and last name of CRM
Select Institution Name
Subject: Program Failure

This memorandum is to notify you of your removal and failure from the Type out name of the AIP alternative incarceration program (AIP) on select date.

The reason for your program failure is as follows:

Provide basis for program failure and removal from the AIP.

Once you have been removed from an AIP as a program failure, you are ineligible to participate in another AIP during the same custody cycle. If the program failure is from an addictions AIP, you are ineligible to participate in any other alcohol and drug treatment program during the same custody cycle (this does not include dual-diagnosis programs).

If you disagree with the program failure decision, you are entitled to request an administrative review of the decision in accordance with Oregon Administrative Rule [291-062-0150\(6\)](#). To request a review, please send your written request for administrative review to the Assistant Director of the Offender Management and Rehabilitation Division, together with any supporting documentation, to the following address:

Oregon Department of Corrections
Assistant Director
Offender Management and Rehabilitation
2575 Center Street, N.E.
Salem, OR 97301

The OMR Division Assistant Director must receive the request within fifteen (15) calendar days of the date of this program failure notice.

First initial and last name of CRM
Select Institution Name

Date

xc: Superintendent
Correctional Rehabilitation Manager
Type out name of the AIP Program Manager
Addictions Treatment Services Coordinator