



# NOTICE OF COMMUNITY TRANSITION PROGRAM ELIGIBILITY

State Form 49719 (5-00)

Name of offender	DOC number	Housing location	Facility
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In accordance with IC 11-10-11.5-4.5, this form serves as notice of your eligibility to participate in the Community Transition Program. You have ten (10) working days from the date you sign this form to submit a written statement to the sentencing court(s) regarding your assignment to this program. If you do not want to participate in the Community Transition Program, you must notify the court(s) within ten (10) working days.

Upon your transfer to a Community Transition Program, you will be provided the opportunity to review and sign your agreement to abide by all the rules and conditions of the program. This agreement must be signed before you be permitted to participate in the program. Failure to abide by these rules may result in your return to the Department of Correction and possible disciplinary proceedings.

Once you are assigned to a Community Transition Program, you will be responsible for all of your own medical care. However, if your sentencing court finds that you are unable to pay for necessary medical care the Department of Correction shall provide for this necessary medical care.

Upon completion of your fixed term of imprisonment, you will be released from the Community Transition program to parole supervision for a period of up to 24 months, unless your sentence included a period of probation, in which case you shall be referred to the sentencing court's probation department. The sentencing court may discharge you from the Community Transition Program without the requirement of parole or probation.

Projected release date	CTP commencement date	CTP transfer date
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By my signature, I indicate that I have read or had explained to me the above information and I understand that I am eligible for participation in the Community Transition Program. Further, my signature indicates that I recognize this form as my notice of eligibility for the Community Transition Program.

Signature of offender	DOC number	Date (month, day, year)
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Signature of witness	Title	Date (month, day, year)
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