

Prisoner Notice of Court Ordered Treatment

Prisoner's Name:	OTIS No.	Rehabilitation Program:
Date:	Institution:	Program Supervisor:

I. The court has ordered you to participate in the following rehabilitation program(s) during incarceration:

Failure to participate in or comply with the treatment plan of a court-ordered rehabilitation program, if the program is made available to you, will result in your institutional probation officer (or designee) filing a petition to revoke any probation or mandatory parole included in your sentence (including imposition of any suspended sentence). That means that the court or the Parole Board can order you to serve any or all of your statutory good time or suspended sentence in a correctional institution.

If you refuse to participate in a court ordered program when it is made available to you, you will be asked to reconsider your decision at each subsequent classification review until the program is no longer available. Petitions to revoke probation/mandatory parole will then be filed.

WARNING: Resources within the Department of Corrections are subject to change. If you refuse to enter a court-ordered treatment program when notified that it is available, you may not be given another opportunity. Any refusal to enter available court-ordered treatment, as well as committing disciplinary infractions or institutional behavior that cause you to be ineligible, subject you to the non-compliance procedures outlined above. You are strongly encourage to participate in the court-ordered rehabilitation program at the earliest time it is made available to you.

The undersigned institutional probation officer has ensured that the prisoner has read, or has been read, and has had explained, the consequences of non-compliance as outlined above. The prisoner has been provided with a written description of the court-ordered rehabilitation program.

Prisoner's Signature

Date

Probation Officer's Name/Signature

Date

II. The program in which the court ordered you to participate is not available to you at this time due to:

- Too much time remaining until earliest possible release date (including parole eligibility date)
- The court did not sentence you to a long enough term to enter and complete the program.
- Other reasons beyond your control: (explain) _____

You are not subject to non-compliance procedures due to the above listed reason. The availability of the program will be reviewed at each subsequent classification review and if the program becomes available to you, you will be asked to complete this form again at that time.

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

III. The program in which the court ordered you to participate is available at this time, but you are not eligible due to your own behavior.

Poor disciplinary record

Poor institutional record resulting in a custody status not served by the program or placement in restrictive housing not served by the program.

Other: _____

You may be subject to non-compliance procedures. Your eligibility will be reviewed at each subsequent classification review and if you become eligible, you will be asked to complete this form again. If the program becomes unavailable due to inadequate remaining sentence or a change in Department resources before you have changed your eligibility status, you may be subject to non-compliance procedures.

IV. The program in which the court ordered you to participate is available to you at this time. Please mark one of the following:

I agree to participate in the court-ordered program

I refuse to participate in the court-ordered program. My reason(s) for refusing:

Refusal to participate may subject you to non-compliance procedures. Your decision will be reviewed at each subsequent classification review. If the program becomes unavailable to you due to inadequate remaining sentence or a change in Department resources before you have changed your decision, you will be subject to non-compliance procedures.

V. Indicate prior occasions on which the rehabilitation program has been offered to the prisoner: _____

COPY TO PRISONER	
Prisoner's Signature:	Probation Officer's Name: Signature:
Date:	Date: Time:

Distribution: CC: Original – Prisoner Case Record
 Copy to Prisoner
 Institutional Probation Officer