



**Arizona Department of Corrections**  
**Rehabilitation and Reentry**  
**Transition Program Application and Agreement**

☐ Drug Transition Program      ☐ Standard Transition Program

I, \_\_\_\_\_, understand that, by  
*(Inmate Name and ADCRR Number)*

submitting my name for participation in the Transition Program. I am agreeing to the following terms and conditions:

1. Upon release from ADCRR secure care, I shall, within two weeks of my release date, attend a Transitions Class by an ADCRR contracted vendor.
2. I shall be assessed for treatment and psycho-educational needs.
3. I shall attend the recommended groups and classes.
4. I shall sign a release of information that allows the treatment provider to share information with the appropriate ADCRR Staff.
5. Upon release from custody, I will contact my Supervising Officer or Duty Officer by personal visit within one (1) working day unless otherwise directed.

I understand that this is only an application and that final approval for participation may or may not be granted.

I understand that I may not receive the full 90 days of early release.

I understand that I must have an approved housing placement to participate. *(This is not applicable to those in the Drug Transition Program)*

I understand that any mandated services in this program will be paid for by ADCRR from a Legislatively created fund.

I understand that if I wish to continue services beyond the 90 days, I shall have to make individual arrangements with the provider regarding payment.

I understand that my Community Corrections Officer will have access to my attendance and participation records.

I understand that failure to attend the Transition Class, appointment for assessment and/or scheduled groups or classes will result in sanction up to and including return to custody.

I understand that if I am returned to custody due to a violation of my release terms that occurs before my CSBD, I will receive an administrative probable cause hearing. If cause is established, my CSBD will be forfeited and I shall not be eligible for release until my ERD.

I understand that if I am returned to custody due to a violation of my release terms that occurs after my CSBD, I shall appear before the Board of Executive Clemency. Unless reinstated by the Board, I shall remain in custody until my CSED.

INMATE NAME <i>(Last, First, M.I.) (Please Print)</i>	ADCRR NUMBER
SIGNATURE	DATE <i>(mm/dd/yyyy)</i>

STAFF VERIFICATION <i>(Last, First, M.I.) (Please Print)</i>	EMPLOYEE IDENTIFICATION NUMBER
SIGNATURE	DATE <i>(mm/dd/yyyy)</i>