

Recommendations Regarding Access To Programs:

Y	N	Justification For Restrictions:
	<input checked="" type="checkbox"/>	Communal Meals <u>In Cell Only</u>
	<input checked="" type="checkbox"/>	Gym <u>Not Available</u>
<input checked="" type="checkbox"/>		Outside Rec _____
<input checked="" type="checkbox"/>		Law Library _____
<input checked="" type="checkbox"/>		Visitation _____
<input checked="" type="checkbox"/>		Phone _____
<input checked="" type="checkbox"/>		Program (which) <u>As Required</u>
		Other _____

Signatures:

C/M Howerton [Signature]
Chair Person / Hearing Officer

ASK MEINER

Member

Member

Approved Disapproved _____

[Signature]
Superintendent's Signature

10/26/05
Date

Comments: _____

Copy Received

Prisoner's Signature

Date

Inmate Does ___ Does Not ___ Desire to appeal the Wardens decision.

An appeal form was ___ Was not ___ Provided.

(Staff initial and date if prisoner unable or unwilling to sign receipt)