State of Alaska

Department of Corrections

WARNING REGARDING PROGRAM PARTICIPATION

Regard this notice as formal warning that your participation in the program listed below

	does not meet program standards in the following area(s). Failure on your part to correct the issues listed below may be grounds for your removal from the program. Date				
Prisoner's Nam	e:		Offender Number:		
Program:			Program Supervisor:		
ISSUES:					
If you wish to continue in this program, you must do the following:					
COPY TO THE PRISONER:		(Note	(Note: You may discuss this matter with your program supervisor)		
PRISONER SIGNATURE:				Date	
STAFF SIGNATURE:				Date	
STAFF TITLE:				Time	

Form 808.04A revised: 12/2014