

Community Transition Program (CTP)- Confirmation of Release

This form is to be signed by both the CTP Participant and the Supervising CTP staff on ***the date of the Participant's successful completion*** from CTP and returned to the Indiana Department of Correction's CTP staff ***the same day*** by scanning and emailing the form, or by fax. If the CTP Participant's completion date falls on a weekend or holiday and any home detention, electronic monitoring equipment, etc. is collected prior to the supervision completion date, please note the date the equipment is collected and the actual end date of supervision on the line below. If the equipment is collected on the same date as the actual supervision completion date, the first date section may be left blank.

Supervising Staff

I hereby verify that the below named offender has successfully completed the Community Transition Program.

		for	
Printed Name	Signature		Actual Completion Date
		Equipment Collection Date	

CTP Participant

By signature of this document, I confirm that I have been released from the Community Transition Program.

Printed Name	Signature	Date

Doc# _____