

U.S. Department of Justice Federal Bureau of Prisons

Central Office 320 First St., NW Washington, DC 20534

May 2, 2016

EJ Hurst, II Attorney and Counselor at Law 6409 Fayetteville Road, Suite 120, PMB 326 Durham, NC 27713

Request Number: 2016-02511

Dear Mr. Hurst,

This is in response to the above referenced Freedom of Information Act (FOIA) request. Specifically, you requested materials associated with Reduction in Sentence consideration under 18 U.S.C. § 3582(c)(1)(A); or 18 U.S.C. § 4205(g).

In response to your request, staff located 50 pages of responsive records, which were forwarded to this office for a release determination. After careful review, we determined 19 pages are appropriate for release in full and 31 pages are appropriate for release in part. Copies of releasable records are attached.

Pursuant to the Freedom of Information Act, 5 U.S.C. § 552, records were redacted under the following exemptions: (b)(6) and (b)(7)(C). An explanation of FOIA exemptions is attached.

If you are not satisfied with my response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice, Suite 11050, 1425 New York Avenue, NW, Washington, DC 20530-0001, or you may submit an appeal through OIP's FOIAonline portal by creating an account on the following web site: https://foiaonline.regulations.gov/foia/action/public/home. Your appeal must be postmarked or electronically transmitted within 60 days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

If you have questions about this response, please feel free to contact this office.

Sincerely,

S. Arellano, for

Ronald Rodgers, Senior Counsel

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Signed by: BOP

Explanation of FOIA Exemptions Used by the Federal Bureau of Prisons

- 5 U.S.C. § 552(b)(1) protects classified information.
- **5 U.S.C.** § **552(b)(2)** concerns matters related solely to internal agency personnel rules or practices.
- 5 U.S.C. § 552(b)(3) concerns matters specifically exempted from release by statute.
- **5 U.S.C.** § **552(b)(4)** concerns trade secrets and commercial or financial information obtained from a person that is privileged or confidential.
- **5 U.S.C.** § **552(b)(5)** concerns certain inter- and intra-agency communications protected by the deliberative process privilege, the attorney work-product privilege, and/or the attorney-client privilege.
- **5 U.S.C.** § **552(b)(6)** concerns material the release of which would constitute a clearly unwarranted invasion of the personal privacy of third parties.
- **5 U.S.C.** § **552(b)(7)(A)** concerns records or information compiled for law enforcement purposes the release of which could reasonably be expected to interfere with enforcement proceedings.
- **5 U.S.C.** § **552(b)(7)(B)** concerns records or information compiled for law enforcement purposes the release of which would deprive a person of a right to a fair trial or an impartial adjudication.
- **5 U.S.C.** § **552(b)(7)(C)** concerns records or information compiled for law enforcement purposes the release of which could reasonably be expected to constitute an unwarranted invasion of the personal privacy of third parties.
- **5 U.S.C.** § **552(b)(7)(D)** concerns records or information compiled for law enforcement purposes the release of which could reasonably be expected to disclose the identities of confidential sources and information furnished by such sources.
- **5 U.S.C.** § **552(b)(7)(E)** concerns records or information compiled for law enforcement purposes the release of which would disclose techniques and procedures for law enforcement investigations or prosecutions.
- **5 U.S.C.** § **552(b)(7)(F)** concerns records or information compiled for law enforcement purposes the release of which could reasonably be expected to endanger the life or personal safety of an individual.
- **5 U.S.C.** § **552(b)(8)** concerns matters that are "contained in or related to examination, operating, or condition reports prepared by, on behalf of, or for the use of an agency responsible for the regulation or supervision of financial institutions."
- **5 U.S.C.** § **552(b)(9)** concerns geological and geophysical information and data, including maps, concerning wells.

REDUCTION IN SENTENCE (RIS) DATA From January 1, 2015, through December 31, 2015

- Total number of RIS requests submitted to institutions ¹ 676
- Total number of RIS cases forwarded to CO for review ²
- Total number of RIS requests denied at institutions ³
- Total number of approvals99
MEDICAL-TERMINAL61
MEDICAL-DEBILITATED23
ELDERLY-MEDICAL5
ELDERLY-OTHER10
- Total number of denials117
MEDICAL-TERMINAL38
MEDICAL-DEBILITATED18
ELDERLY-MEDICAL25
ELDERLY-OTHER26
CHILD CAREGIVER4
SPOUSE/REGISTERED PARTNER2
OTHER4
- Of the total number of denials, USAO or USPO objections
- Total number of motions filed to date
- Total number of cases currently under review in OGC as of December 31, 201544
- Total number of cases in which inmate died prior to decision11
- Total number of RIS requests submitted by D.C. offenders ⁴ 7

¹ Number of RIS requests submitted to institutions, as reflected in the BPM database

² Number of RIS requests approved by wardens, as reflected in the BPM database

³ Number of RIS requests denied by wardens, as reflected in the BPM database

 $^{^4}$ Number of RIS requests submitted by D.C. Code offenders, as reflected in the BPM database

REDUCTION IN SENTENCE (RIS) CASE SUBMISSIONS TO CENTRAL OFFICE THROUGH RIS WORKFLOW/DATABASE SYSTEM

From Calendar Year January 1, 2013, through December 31, 2013:

- Total number of RIS cases forwarded to CO for review163
- Total number of approvals
MEDICAL-TERMINAL 51 (1 rec'd. in 2012)
MEDICAL-DEBILITATED 10 (1 rec'd. in 2012)
NON-MEDICAL 0
- Total number of denials15
MEDICAL-TERMINAL12
MEDICAL-DEBILITATED3
NON-MEDICAL
USAO or USPO OBJECTION 2 (AUSA (b)(6),(b) USPO (b)(6),(b)(7)(C)
- Total number of motions filed to date
- Total number of cases currently under review as of November 30, 201381
- Total number of cases in which inmate died prior to decision12
- Cases unresolved due to release via GCT or Home Confinement2

REDUCTION IN SENTENCE (RIS) CASE SUBMISSIONS TO CENTRAL OFFICE THROUGH RIS WORKFLOW/DATABASE SYSTEM

From January 1, 2014, through December 31, 2014:

- Total number of RIS cases forwarded to CO for review ¹	
- Total number of approvals101	
MEDICAL-TERMINAL66	
MEDICAL-DEBILITATED19	
ELDERLY-MEDICAL4	
ELDERLY-OTHER12	
- Total number of denials121	
MEDICAL-TERMINAL31	
MEDICAL-DEBILITATED19	
ELDERLY-MEDICAL28	
ELDERLY-OTHER25	
CHILD CAREGIVER13	
SPOUSE/REGISTERED PARTNER2	
OTHER3	
- Of the total number of denials, USAO or USPO objections19	
- Total number of motions filed to date93	
- Total number of cases currently under review in OGC as of December 31, 20144	.2
- Total number of cases in which inmate died prior to decision11	
- Cases unresolved due to release via GCT or Home Confinement4	

 $^{\mathrm{1}}$ Number of RIS requests approved by wardens, as reflected in the BPM database



CHANGE NOTICE

OPI: OGC/LCI NUMBER: 5050,49, CN-1 DATE: March 25, 2015

Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g)

/s/

Approved: Charles E. Samuels, Jr. Director, Federal Bureau of Prisons

This Change Notice (CN) implements the following change to Program Statement 5050.49, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), dated August 12, 2013. The new text (in Section 4.b.) is marked with a highlight.

- b. Elderly Inmates with Medical Conditions. Inmates who fit the following criteria:
- Age 65 and older.
- Suffer from chronic or serious medical conditions related to the aging process.
- Experiencing deteriorating mental or physical health that substantially diminishes their ability to function in a correctional facility.
- Conventional treatment promises no substantial improvement to their mental or physical condition.
- Have served at least 50% of their sentence.

Additionally, for inmates in this category, the BOP should consider the following factors when evaluating the risk that an elderly inmate may reoffend:

- The age at which the inmate committed the current offense.
- Whether the inmate suffered from these medical conditions at the time the inmate committed the offense.
- Whether the inmate suffered from these medical conditions at the time of sentencing and whether the Presentence Investigation Report (PSR) mentions these conditions.

The BOP Medical Director will develop and issue medical criteria to help evaluate the inmate's suitability for consideration under this RIS category.



PROGRAM STATEMENT

OPI OGC/LCI NUMBER 5050.49

DATE August 12, 2013

Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g)

/s/

Approved: Charles E. Samuels, Jr. Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

§571.60 Purpose and scope.

Under 18 U.S.C. 4205(g), a sentencing court, on motion of the Bureau of Prisons, may make an inmate with a minimum term sentence immediately eligible for parole by reducing the minimum term of the sentence to time served. Under 18 U.S.C. 3582(c)(1)(A), a sentencing court, on motion of the Director of the Bureau of Prisons, may reduce the term of imprisonment of an inmate sentenced under the Comprehensive Crime Control Act of 1984.

The Bureau uses 18 U.S.C. 4205(g) and 18 U.S.C. 3582(c)(1)(A) in particularly extraordinary or compelling circumstances which could not reasonably have been foreseen by the court at the time of sentencing.

For the purposes of this Program Statement, the terms "compassionate release" and "reduction in sentence" are used interchangeably.

In deciding whether to file a motion under either 18 U.S.C. 4205(g) or 18 U.S.C. 3582(c)(1)(A), the Bureau of Prisons (BOP) should consider whether the inmate's release would pose a danger to the safety of any other person or the community.

Federal Regulations from 28 CFR are in this type.

Implementing information is in this type.

§572.40 Compassionate release under 18 U.S.C. 4205(g).

18 U.S.C. 4205(g) was repealed effective November 1, 1987, but remains the controlling law for inmates whose offenses occurred prior to that date. For inmates whose offenses occurred on or after November 1, 1987, the applicable statute is 18 U.S.C. 3582(c)(1)(A). Procedures for compassionate release of an inmate under either provision are contained in 28 CFR part 571, subpart G.

- a. **Program Objectives.** The expected results of this program are:
- A motion for a modification of a sentence will be made to the sentencing court only in particularly extraordinary or compelling circumstances that could not reasonably have been foreseen by the court at the time of sentencing.
- The public will be protected from undue risk by careful review of each compassionate release request.
- Compassionate release motions will be filed with the sentencing judge in accordance with the statutory requirements of 18 U.S.C. 3582 (c)(1)(A) or 4205(g).

b. Summary of Changes

Policy Rescinded

P5050.48 Compassionate Release; Procedures For Implementation of 18 U.S.C. 3582 (c)(1)(A) & 4205(g) (4/22/13)

The following have been added to this version of the Program Statement:

- Criteria regarding requests based on medical circumstances.
- Criteria regarding requests based on non-medical circumstances for elderly inmates.
- Criteria regarding requests based on non-medical circumstances in which there has been the death or incapacitation of the family member caregiver of an inmate's child.
- Criteria regarding requests based on non-medical circumstances in which the spouse or registered partner of an inmate has become incapacitated.
- A list of factors that should be considered for all requests.
- Information regarding the electronic tracking database.

2. INITIATION OF REQUEST – EXTRAORDINARY OR COMPELLING CIRCUMSTANCES

§ 571.61 Initiation of request – extraordinary or compelling circumstances.

a. A request for a motion under 18 U.S.C. 4205(g) or 3582(c)(1)(A) shall be submitted to the Warden. Ordinarily, the request shall be in writing, and submitted by the inmate. An inmate may initiate a request for consideration under 18 U.S.C. 4205(g) or 3582(c)(1)(A) only when there are particularly

P5050.49 8/12/2013 Federal Regulations from 28 CFR: this type. Implementing information: this type.

extraordinary or compelling circumstances which could not reasonably have been foreseen by the court at the time of sentencing. The inmate's request shall at a minimum contain the following information:

- (1) The extraordinary or compelling circumstances that the inmate believes warrant consideration.
- (2) Proposed release plans, including where the inmate will reside, how the inmate will support himself/herself, and, if the basis for the request involves the inmate's health, information on where the inmate will receive medical treatment, and how the inmate will pay for such treatment.
- b. The Bureau of Prisons processes a request made by another person on behalf of an inmate in the same manner as an inmate's request. Staff shall refer a request received at the Central Office to the Warden of the institution where the inmate is confined.

3. REQUESTS BASED ON MEDICAL CIRCUMSTANCES

The criteria for a reduction in sentence (RIS) request may include the following:

- a. **Terminal Medical Condition**. RIS consideration may be given to inmates who have been diagnosed with a terminal, incurable disease and whose life expectancy is eighteen (18) months or less. The BOP's consideration should include assessment of the primary (terminal) disease, prognosis, impact of other serious medical conditions of the inmate, and degree of functional impairment (if any). Functional impairment (e.g., limitations on activities of daily living such as feeding and dressing oneself) is not required for inmates diagnosed with terminal medical conditions; however, functional impairment may be a factor when considering the inmate's ability or inability to reoffend.
- b. **Debilitated Medical Condition**. RIS consideration may also be given to inmates who have an incurable, progressive illness or who have suffered a debilitating injury from which they will not recover. The BOP should consider a RIS if the inmate is:
- Completely disabled, meaning the inmate cannot carry on any self-care and is totally confined to a bed or chair; or
- Capable of only limited self-care and is confined to a bed or chair more than 50% of waking hours.

The BOP's review should also include any cognitive deficits of the inmate (e.g., Alzheimer's disease or traumatic brain injury that has affected the inmate's mental capacity or function). A cognitive deficit is not required in cases of severe physical impairment, but may be a factor when considering the inmate's ability or inability to reoffend.

All RIS requests should be assessed using the factors outlined in Section 7.

4. REQUESTS BASED ON NON-MEDICAL CIRCUMSTANCES – ELDERLY INMATES

The criteria for a RIS request may include the following:

- a. "New Law" Elderly Inmates. Inmates sentenced for an offense that occurred on or after November 1, 1987 (e.g., "new law"), who are age 70 years or older and have served 30 years or more of their term of imprisonment.
- b. Elderly Inmates with Medical Conditions. Inmates who fit the following criteria:
- Age 65 and older.
- Suffer from chronic or serious medical conditions related to the aging process.
- Experiencing deteriorating mental or physical health that substantially diminishes their ability to function in a correctional facility.
- Conventional treatment promises no substantial improvement to their mental or physical condition.
- Have served at least 50% of their sentence.

Additionally, for inmates in this category, the BOP should consider the following factors when evaluating the risk that an elderly inmate may reoffend:

- The age at which the inmate committed the current offense.
- Whether the inmate suffered from these medical conditions at the time the inmate committed the offense.
- Whether the inmate suffered from these medical conditions at the time of sentencing and whether the Presentence Investigation Report (PSR) mentions these conditions.

The BOP Medical Director will develop and issue medical criteria to help evaluate the inmate's suitability for consideration under this RIS category.

c. **Other Elderly Inmates.** Inmates age 65 or older who have served the greater of 10 years or 75% of the term of imprisonment to which the inmate was sentenced.

P5050.49 8/12/2013 Federal Regulations from 28 CFR: this type. Implementing information: this type. 4

¹ These criteria are different from those provided in 18 U.S.C 3582(c)(1)(a)(ii), which states that a court, upon motion of the BOP Director, may reduce a sentence term if it finds that "the defendant is at least 70 years of age, has served at least 30 years in prison, pursuant to a sentence imposed under section 3559(c), for the offense or offenses for which the defendant is currently imprisoned, and a determination has been made by the Director of the Bureau of Prisons that the defendant is not a danger to the safety of any other person or the community, as provided under section 3142(g)."

Elderly inmates who were age 60 or older at the time they were sentenced ordinarily should not be considered for RIS if their current conviction is listed in the Categorization of Offenses Program Statement.

All RIS requests should be assessed using the factors outlined in Section 7.

5. REQUESTS BASED ON NON-MEDICAL CIRCUMSTANCES – DEATH OR INCAPACITATION OF THE FAMILY MEMBER CAREGIVER.

The criteria for a RIS request may include the death or incapacitation of the family member caregiver of an inmate's child, e.g., RIS requests from inmates whose biological or legally adopted child or children ("child") are suddenly without a family member caregiver due to that caregiver's death or incapacitation.

For these requests, "child" means a person under the age of 18 and "incapacitation" means the family member caregiver suffered a severe injury (e.g., auto accident) or suffers from a severe illness (e.g., cancer) that renders the caregiver incapable of caring for the child.

In reviewing these requests, BOP should assess, based on the information provided, whether release of the inmate to care for the inmate's child is in the best interest of the child.

- a. First Stage of the Warden's Review. The following information should be provided by the inmate to the Warden in writing for RIS requests based on the death or incapacitation of the family member caregiver:
- A statement that explains that the inmate's family member caregiver has died or become incapacitated and that person was the caregiver for the inmate's biological or legally adopted child.
- A statement that this person was the only family member capable of caring for the inmate's
- The name of the deceased or incapacitated family member caregiver and the relationship of that person to the inmate (e.g., spouse, common-law spouse, mother, sister) and statement that the caregiver is a family member of the child.
- For requests based on a deceased family member caregiver, an official copy of the family member caregiver's death certificate.
- For requests based on an incapacitated family member caregiver, verifiable medical documentation of the incapacitation.
- Verifiable documentation that the inmate is the parent of the child. Acceptable documentation includes birth certificates, adoption papers, or verification of the inmate's paternity.
- Verifiable documentation providing the name and age of the child.

- A clear statement and documentation that the inmate has a release plan, including housing, and the financial means to care for the child immediately upon the inmate's release.
- Authorization from the inmate for the BOP to obtain any information or documents from any individual, medical entity or doctor, or any government agency about the inmate, family members, and minor child.

The Warden may deny the inmate's request at the institution level of review if the Warden finds that the inmate has not provided adequate information and documentation as set forth above. b. **Second Stage of the Warden's Review.** Even if the inmate provides adequate and sufficient information and documentation set forth above regarding the RIS request, further investigation is appropriate. At this stage, the Warden should convene a committee consisting of the inmate's unit manager, correctional counselor, and any other relevant staff (social worker, physician, psychologist, etc.) to investigate the facts and circumstances provided by the inmate and to review supporting letters and documents before the Warden makes a recommendation to approve or deny the RIS request. The additional information and supporting documentation gathered by the committee for the Warden's review should include:

- A general description of the child's physical and mental condition.
- A description of the nature of the child's care both during the inmate's pre-arrest and presentence period, and during the inmate's current incarceration.
- Letters or documentation that the deceased/incapacitated family member was and still is the only family member caregiver capable of caring for the inmate's minor child. These letters or documentation should include:
 - Information indicating whether this family member was, in fact, caring for the child during the inmate's incarceration and immediately prior to the family member's death or incapacitation.
 - An explanation of who has been caring for the child since the family member's death or incapacitation.
 - ➤ If the child is in foster care, documentation verifying that the inmate will be able to immediately obtain custody of the child.

All RIS requests should be assessed using the factors outlined in Section 7 as well as the following factors.

- Has the inmate committed violent acts before or during the period of incarceration as reflected in the PSR, institutional disciplinary records, or other appropriate documentation?
- Did the inmate have drugs, drug paraphernalia, firearms, or other dangerous substances in the home while caring for the child prior to incarceration?

- To what degree has the inmate had contact with or cared for the child prior to arrest, pretrial or pre-sentence, and during incarceration? Staff should review institution records for evidence of contact (telephone, mail, email, visiting log, etc.).
- Is there any evidence of child abuse, neglect, or exploitation in the PSR or other documents?
- Are there any documents regarding the inmate's parenting skills or obligations (e.g., child support orders, restraining orders for physical or emotional abuse of spouse, registered partner or children, certificates for classes in anger management or other types of counseling, removal of child from the home for any reasons)?
- Are there records regarding the termination of parental rights or loss of custody of the inmate's (other) child?
- Does the inmate have a detainer as a deportable alien to a country other than where the child
- Has the inmate received public funding or had a job with a living wage for any period of time prior to incarceration?
- Has the inmate engaged in programming (e.g., parenting, anger management) during incarceration that would indicate efforts to improve parenting skills or that would indicate a commitment to caring for the child upon release?

Wardens should also consider any additional reliable documentation (e.g., letters of support from family members, neighbors, doctors, hospitals, and state or local agencies). Documentation may be obtained with the assistance of the Office of Probation and Pretrial Services. Wardens should also consider whether the inmate participated in the Inmate Financial Responsibility Program and any information relating to the inmate's substance abuse treatment, physical/mental/ emotional health, and work evaluations during incarceration.

The care of a child may be requested to be a condition of the inmate's release to a supervised release term. Thus, failure to care for the child may result in a finding of a supervised release violation and return to custody.

6. REQUESTS BASED ON NON-MEDICAL CIRCUMSTANCES – INCAPACITATION OF A SPOUSE OR REGISTERED PARTNER

The criteria for a RIS request may include the incapacitation of an inmate's spouse or registered partner when the inmate would be the only available caregiver for the spouse or registered partner.

For these requests, "spouse" means an individual in a relationship with the inmate, where that relationship has been legally recognized as a marriage, including a legally-recognized commonlaw marriage. "Registered partner" means an individual in a relationship with the inmate, where that relationship has been legally recognized as a civil union or registered domestic partnership.

The relationship should have been established before the inmate's offense date of arrest, and should be verified by information in the PSR or other administratively acceptable documentation (e.g. marriage certificate).

For these requests, "incapacitation" means the inmate's spouse or registered partner has:

- Suffered a serious injury, or a debilitating physical illness and the result of the injury or illness is that the spouse or registered partner is completely disabled, meaning that the spouse or registered partner cannot carry on any self-care and is totally confined to a bed or chair; or
- A severe cognitive deficit (e.g., Alzheimer's disease or traumatic brain injury that has severely affected the spouse's or registered partner's mental capacity or function), but may not be confined to a bed or chair.

For these requests, the inmate should demonstrate that the inmate is the only available caregiver for the spouse or registered partner, meaning there is no other family member or adequate care option that is able to provide primary care for the spouse or registered partner.

- a. **First Stage of the Warden's Review.** The following information should be provided by the inmate to the Warden in writing for RIS requests based on the incapacitation of the spouse or registered partner:
- Statement that explains that the inmate's spouse or registered partner has become incapacitated.
- Statement that the inmate is the only family member capable of caring for the spouse or registered partner.
- Verifiable medical documentation of the incapacitation of the spouse or registered partner.
- A clear statement and documentation of the inmate's release plan, including housing, and the financial means to care for the spouse or registered partner immediately upon release.
- Written authorization from the inmate and others (as needed) for the BOP to obtain any information or documents from any individual, medical entity or doctor, or any government agency about the inmate, the spouse or registered partner, or other family members.

The Warden may deny the inmate's request at the institution level of review if the Warden finds that the inmate has not provided adequate information and documentation as set forth above.

b. **Second Stage of the Warden's Review.** Even if the inmate provides adequate and sufficient information and documentation set forth above regarding the RIS request, further investigation is appropriate. At this stage, the Warden should convene a committee consisting of the inmate's unit manager, correctional counselor and any other relevant staff (social worker, physician, psychologist, etc.) to investigate the facts and circumstances provided by the inmate and to review supporting letters and documents before the Warden makes a recommendation to approve

or deny the RIS request. The information and supporting documentation gathered by the committee for the Warden's review should include:

- A general description of the spouse's or registered partner's physical and mental condition.
- A description of the nature of the spouse's or registered partner's care, as relevant, during the inmate's pre-arrest and pre-sentence period, and during the inmate's current incarceration.
- Letters or documentation indicating whether the inmate is the only family member caregiver capable of caring for the spouse or registered partner. This should include an explanation of who has been caring for the spouse or registered partner during the inmate's period of incarceration, as relevant.
- Letters or documentation indicating the spouse or registered partner is, or would be, supportive of the inmate's release, and of the inmate assuming the role of the primary caregiver.

All RIS requests should be assessed using the factors outlined in Section 7 as well as the following factors.

- Has the inmate committed violent acts before or during the period of incarceration, as reflected in the PSR, institution disciplinary records, or other appropriate documentation?
- To what extent would the inmate and spouse or registered partner be relying on publicly available resources (e.g., financial or medical) to provide care to the spouse or registered partner?
- Has the inmate ever been charged with, or convicted of, a crime of domestic violence?
- Did the inmate share a residence with the spouse or registered partner prior to the period of incarceration?
- Did the inmate have drugs, drug paraphernalia, firearms, or other dangerous substances in the home shared with the spouse or registered partner prior to incarceration?
- To what degree has the inmate had contact with (or cared for) the spouse or registered partner prior to arrest, pretrial or pre-sentence, and during incarceration? Staff should review institution records for evidence of contact (telephone, mail, email, visiting log, etc.).
- Is there any evidence of abuse or neglect involving the spouse or registered partner in the PSR or other documents?
- Are there any documents regarding the inmate's custodial skills or obligations (e.g., child support orders, restraining orders for physical or emotional abuse of spouse or registered partner or children, certificates for classes in anger management or other types of counseling, removal of children from the home for any reasons)?
- Does the inmate have a detainer as a deportable alien to a country other than where the spouse or registered partner resides?
- Has the inmate received public funding or had a job with a living wage for any period of time prior to incarceration?

■ Has the inmate engaged in programming (e.g., anger management, financial responsibility program) during incarceration that would indicate efforts to improve custodial skills and/or that would indicate a commitment to the inmate's spouse or registered partner upon release?

Wardens should also consider any additional reliable documentation (e.g., letters of support from family members, neighbors, doctors, hospitals, and state or local agencies). Documentation may be obtained with the assistance of the Office of Probation and Pretrial Services.

The care of the spouse or registered partner may be requested to be a condition of the inmate's release to a supervised release term. Thus, failure to care for the spouse or registered partner may result in a finding of a supervised release violation and return to custody.

7. FACTORS AND EVALUATION OF CIRCUMSTANCES IN RIS REQUESTS

For all RIS requests, the following factors should be considered:

- Nature and circumstances of the inmate's offense.
- Criminal history.
- Comments from victims.
- Unresolved detainers.
- Supervised release violations.
- Institutional adjustment.
- Disciplinary infractions.
- Personal history derived from the PSR.
- Length of sentence and amount of time served. This factor is considered with respect to proximity to release date or Residential Reentry Center (RRC) or home confinement date.
- Inmate's current age.
- Inmate's age at the time of offense and sentencing.
- Inmate's release plans (employment, medical, financial).
- Whether release would minimize the severity of the offense.

When reviewing RIS requests, these factors are neither exclusive nor weighted. These factors should be considered to assess whether the RIS request presents particularly extraordinary and compelling circumstances.

Overall, for each RIS request, the BOP should consider whether the inmate's release would pose a danger to the safety of any other person or the community.

8. APPROVAL OF REQUEST

§571.62 Approval of request.

- a. The Bureau of Prisons makes a motion under 18 U.S.C. 4205(g) or 3582(c)(1)(A) only after review of the request by the Warden, the General Counsel, and either the Medical Director for medical referrals or the Assistant Director, Correctional Programs Division for non-medical referrals, and with the approval of the Director, Bureau of Prisons.
- (1) The Warden shall promptly review a request for consideration under 18 U.S.C. 4205(g) or 3582(c)(1)(A). If the Warden, upon an investigation of the request determines that the request warrants approval, the Warden shall refer the matter in writing with recommendation to the Office of General Counsel.

The Warden's referral at a minimum must include the following:

- a. The Warden's written recommendation as well as any other pertinent written recommendations or comments made by staff during the institution review of the request.
- b. A complete copy of Judgment and Commitment Order or Judgment in a Criminal Case and sentence computation data.
- c. A progress report that is not more than 30 days old. All detainers and holds should be resolved prior to the Warden's submission of a case under 18 U.S.C. 3582 (c)(1)(A) or 4205(g). If a pending charge or detainer cannot be resolved, an explanation of the charge or conviction status is needed.
- d. *All* pertinent medical records if the reason for the request involves the inmate's health. Pertinent records include, at a minimum, a Comprehensive Medical Summary by the attending physician, which should also include an estimate of life expectancy, and all relevant test results, consultations, and referral reports/opinions.
- e. The referral packet must include, when available, a copy of the Presentence Investigation and Form U.S.A. 792, Report on Convicted Offender by U.S. Attorney, Custody Classification form, Notice of Action forms, Probation form 7a, information on fines, CIM Case Information Summary (BP-A0339), and any other documented information that is pertinent to the request. In the absence of a Form U.S.A. 792, the views of the prosecuting Assistant U.S. Attorney may be solicited; those views should be made part of the Warden's referral memo.

- f. If the inmate is subject to the Victim and Witness Protection Act of 1982 (VWPA), confirmation of notification to the appropriate victim(s) or witness(es) must be incorporated into the Warden's referral. A summary of any comments received must also be incorporated into the referral. If the inmate is not subject to the VWPA, a statement to that effect must be in the referral.
- g. For a request under 18 U.S.C. 3582(c)(1)(A), when a term of supervised release follows the term of imprisonment, confirmation that release plans have been approved by the appropriate U.S. Probation Office must be included in the referral. If the inmate will be released to an area outside the sentencing district, the U.S. Probation Office assuming supervision must be contacted. If no supervision follows the term of imprisonment, release plans must still be developed.
- h. The development of release plans must include, at a minimum, a place of residence and the method of financial support, and may require coordination with various segments of the community, such as hospices, the Department of Veterans Affairs or veterans' groups, Social Security Administration, welfare agencies, local medical organizations, or the inmate's family.
- i. Because there is no final agency decision until the Director has reviewed the request, staff at any level may not contact the sentencing judge or solicit the judge's opinion through other officers of the court.
- (2) If the General Counsel determines that the request warrants approval, the General Counsel shall solicit the opinion of either the Medical Director or the Assistant Director, Correctional Programs Division depending upon the nature of the basis for the request. With this opinion, the General Counsel shall forward the entire matter to the Director, Bureau of Prisons, for final decision.
- (3) If the Director, Bureau of Prisons, grants a request under 18 U.S.C. 4205(g), the Director will contact the U.S. Attorney in the district in which the inmate was sentenced regarding moving the sentencing court on behalf of the Bureau of Prisons to reduce the minimum term of the inmate's sentence to time served. If the Director, Bureau of Prisons, grants a request under 18 U.S.C. 3582(c)(1)(A), the Director will contact the U.S. Attorney in the district in which the inmate was sentenced regarding moving the sentencing court on behalf of the Director of the Bureau of Prisons to reduce the inmate's term of imprisonment to time served.
- b. Upon receipt of notice that the sentencing court has entered an order granting the motion under 18 U.S.C. 4205(g), the Warden of the institution where the inmate is confined shall schedule the inmate for hearing on the earliest Parole Commission docket.

Institution staff prepare an amended Sentence Data Summary for use at this hearing. Staff provide a copy of the most recent progress report to the Parole Commission.

Upon receipt of notice that the sentencing court has entered an order granting the motion under 18 U.S.C. 3582(c)(1)(A), the Warden of the institution where the inmate is confined shall release the inmate forthwith.

c. In the event the basis of the request is the medical condition of the inmate, staff shall expedite the request at all levels.

A request for an expedited review permits the review process to be expedited, but does not lessen the requirement that documentation be provided.

9. DENIAL OF REQUEST

§571.63 Denial of request.

- a. When an inmate's request is denied by the Warden, the inmate will receive written notice and a statement of reasons for the denial. The inmate may appeal the denial through the Administrative Remedy Procedure (28 CFR part 542, subpart B).
- b. When an inmate's request for consideration under 18 U.S.C. 4205(g) or 3582(c)(1)(A) is denied by the General Counsel, the General Counsel shall provide the inmate with a written notice and statement of reasons for the denial. This denial constitutes a final administrative decision.
- c. When the Director, Bureau of Prisons, denies an inmate's request, the Director shall provide the inmate with a written notice and statement of reasons for the denial within 20 workdays after receipt of the referral from the Office of General Counsel. A denial by the Director constitutes a final administrative decision.
- d. Because a denial by the General Counsel or Director, Bureau of Prisons, constitutes a final administrative decision, an inmate may not appeal the denial through the Administrative Remedy Procedure.

10. INELIGIBLE OFFENDERS

§571.64 Ineligible offenders.

The Bureau of Prisons has no authority to initiate a request under 18 U.S.C. 4205(g) or 3582(c)(1)(A) on behalf of state prisoners housed in Bureau of Prisons facilities or D.C. Code offenders confined in federal institutions. The Bureau of Prisons cannot initiate such a motion on behalf of federal offenders who

committed their offenses prior to November 1, 1987, and received non- parolable sentences.

11. TRACKING REDUCTION IN SENTENCE REQUESTS

To ensure consistent handling and documentation of RIS requests, Wardens must identify a staff member to serve as an institution RIS Coordinator (IRC) and an alternate. The principal responsibility of the IRC is to receive and document RIS requests and other RIS-related information in the RIS electronic tracking database.

For each RIS request, the following information is entered into the RIS tracking database by the IRC:

- Inmate's full name.
- Federal register number.
- Date of birth and age.
- Institution.
- Date RIS request received by institution.
- Reason for RIS request.
- Disposition of request (e.g., approval or denial).
- Reason for disposition.
- Date of disposition of request.

At the Central Office (CO) level, information regarding RIS requests is entered into the database by RIS Coordinators in the Office of General Counsel, the Health Services Division, and the Correctional Programs Division. The following information is entered into the RIS tracking database by CO staff:

- Date RIS request received by CO.
- Director's final decision.

12. ACA AGENCY ACCREDITATION PROVISIONS

None.

REFERENCES

Directives Referenced
P5162.05 Categorization of Offenses (3/16/09)

Federal Regulations

- Rules cited in this Program Statement are contained in 28 CFR 571.60 through 571.64.
- Rules referenced in this Program Statement are contained in 28 CFR 542.10 through 542.16 and 572.40.

U.S. Code Referenced

- Title 18, United States Code, Section 4205(g).
- Title 18, United States Code, Section 3582(c)(1)(A).

BOP Forms

BP-A0339 CIM Case Information Summary

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) system on Sallyport.

Li	ast, First	RIS Approval	Request
(b)(6)		3/8/2016	Med-T
		3/8/2016	Med-D
		3/4/2016	Med-T
		3/4/2016	Med-T
		3/1/2016	Med-D
		3/1/2016	Med-D
		2/24/2016	Med-T
		2/19/2016	Med-T
		2/12/2016	Med-T
		2/9/2016	Elderly-M
		1/27/2016	Med-T
		1/19/2016	
		1/13/2016	
		1/13/2016	Med-T
		1/12/2016	
		12/31/2015	Med-D
		12/29/2015	
		12/29/2015	
		12/23/2015	•
		12/16/2015	Med-T
		12/15/2015	Med-D
		12/15/2015	Med-D
		12/9/2015	Med-T
		12/8/2015	Med-D
		11/25/2015	Med-D
		11/17/2015	•
		11/16/2015	
		11/12/2015	
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		10/23/2015	
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		10/19/2015	
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		10/7/2015	
		10/7/2015	
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		10/7/2015	Med-T
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	Last, First	RIS Approval	Reques
(b)(6)		10/6/2015	Med-T
		10/5/2015	Med-T
		10/2/2015	Med-T
		10/2/2015	Med-T
		9/30/2015	Med-T
		9/21/2015	Med-T
		9/16/2015	Med-T
		9/16/2015	Med-T
		9/15/2015	Med-D
		8/25/2015	Med-T
		8/24/2015	Med-T
		8/21/2015	Med-T
		8/21/2015	Elderly-O
		8/17/2015	Med-D
		8/14/2015	Med-T
		8/11/2015	Med-T
		8/11/2015	Med-T
		8/11/2015	Med-T
		8/3/2015	Med-T
		7/28/2015	Med-T
		7/6/2015	Med-D
		7/1/2015	Med-T
		7/1/2015	Med-T
		7/1/2015	Med-T
		6/26/2015	Med-T
		6/26/2015	Med-T
		6/18/2015	Med-T
		6/12/2015	Elderly-M
		6/9/2015	Med-D
		6/5/2015	
		6/5/2015	
		6/1/2015	
		6/1/2015	
		5/29/2015	
		5/14/2015	
		5/13/2015	
		5/12/2015	
		5/12/2015	
		5/8/2015	
		5/6/2015	
		5/4/2015	-
		5/1/2015	Med-T
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Last, First RIS Approval	Request
(b)(6) 4/24/2015 N	/led-D
4/22/2015 M	/led-D
4/22/2015 M	∕led-T
4/13/2015 El	lderly-O
3/25/2015 M	∕led-T
3/18/2015 M	∕led-T
3/18/20 1 5 M	∕led-T
3/14/2015 N	∕led-T
3/13/2015 N	/led-T
3/12/2015 N	/led-T
3/12/2015 N	/led-T
3/9/2015 El	lderly-O
3/9/2015 N	/led-D
3/6/2015 N	/led-T
3/4/2015 N	/led-T
2/24/2015 El	lderly-O
2/24/2015 N	/led-T
2/9/2015 N	/led-D
2/9/2015 M	/led-D
2/3/2015 N	/led-D
1/26/2015 N	/led-D
1/21/2015 N	/led-T
1/15/2015 El	-
1/15/2015 E	lderly-O
1/12/2015 N	/led-T
1/9/2015 E	-
1/7/2015 E	•
1/7/2015 E	•
1/7/2015 E	•
1/7/2015 E	-
12/22/2014 M	
12/22/2014 M	
12/17/2014 N	
12/17/2014 N	
12/15/2014 E	•
12/15/2014 E	· -
12/12/2014 N	
12/10/2014 E	•
11/20/2014 E	•
11/18/2014 E	•
11/18/2014 N	
11/18/2014 N	/led-T

	Last, First	RIS Approval	Request
(b)(6)		11/12/2014 Eld	
		11/12/2014 Eld	•
		11/10/2014 Eld	•
		11/10/2014 Eld	•
		11/10/2014 Eld	derly-M
		11/10/2014 Eld	derly-M
		11/6/2014 M	ed-D
		11/3/2014 M	ed-T
		10/30/2014 M	ed-T
		10/29/2014 Eld	derly-O
		10/27/2014 Me	ed-T
		10/21/2014 M	ed-D
		10/16/2014 M	ed-T
		10/15/2014 M	ed-D
		10/14/2014 M	ed-T
		10/10/2014 M	ed-T
		10/9/2014 M	ed-T
		10/9/2014 M	ed-T
		10/9/2014 M	ed-T
		10/8/2014 M	ed-D
		10/7/2014 M	ed-T
		10/1/2014 M	
		10/1/2014 M	
		9/25/2014 M	
		9/19/2014 M	
		9/19/2014 M	
		9/18/2014 M	
		9/15/2014 M	
		9/12/2014 Ek	-
		9/5/2014 Eld	
		8/26/2014 M	
		8/26/2014 M	
		8/25/2014 M	
		8/13/2014 M	
		8/13/2014 M	
		8/13/2014 M	
		8/5/2014 M	
		7/31/2014 M	
		7/30/2014 M	ed-D

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Last, First	_ RIS Approval Request
(b)(6)	7/25/2014 Med-T
	7/22/2014 Med-T
	7/16/2014 Med-T
	7/14/2014 Med-T
	7/8/2014 Med-T
	7/7/2014 Med-T
	7/3/2014 Elderly-O
	7/1/2014 Med-T
	6/20/2014 Med-T
	6/19/2014 Med-T
	6/18/2014 Med-T
	6/12/2014 Elderly-O
	6/6/2014 Med-T
	6/6/2014 Med-T
	6/3/2014 Med-T
	6/2/2014 Med-T
	5/27/2014 Med-T
	5/27/2014 Med-T
	5/23/2014 Med-T
	5/21/2014 Med-T
	5/21/2014 Med-T
	5/12/2014 Med-T
	5/12/2014 Med-T
	5/5/2014 Med-T
	5/5/2014 Med-T
	4/28/2014 Med-T
	4/28/2014 Med-D
	4/16/2014 Med-T
	4/14/2014 Med-D
	3/31/2014 Med-D
	3/20/2014 Med-D
	3/13/2014 Med-T
	3/7/2014 Med-D
	2/26/2014 Med-T
	2/26/2014 Med-T
	2/11/2014 Med-T
	1/29/2014 Med-T
	1/29/2014 Med-T
	1/28/2014 Med-T
	1/28/2014 Med-D
	1/28/2014 Med-D
	1/22/2014 Med-T

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	Last, First	RIS Approval Reque
(b)(6)		1/15/2014 Med-T
		1/15/2014 Med-T
		1/10/2014 Med-T
		1/3/2014 Med-T
		1/2/2014 Med-D
		12/27/2013 Med-T
		12/27/2013 Med-T
		12/23/2013 Med-T
		12/19/2013 Med-T
		12/16/2013 Med-T
		11/22/2013 Med-T
		11/18/2013 Med-D
		11/1/2013 Med-T
		10/31/2013 Med-T
		10/30/2013 Med-T
		10/23/2013 Med-T
		10/16/2013 Med-T
		10/3/2013 Med-T
		10/2/2013 Med-T
		10/1/2013 Med-T
		9/20/2013 Med-T
		9/11/2013 Med-D
		8/21/2013 Med-D
		8/15/2013 Med-T
		8/8/2013 Med-T
		8/8/2013 Med-T
		7/31/2013 Med-D
		7/25/2013 Med-T
		7/24/2013 Med-D
		7/23/2013 Med-T
		7/23/2013 Med-T
		7/15/2013 Med-T
		7/9/2013 Med-D
		7/3/2013 Med-T
		7/3/2013 Med-T
		6/28/2013 Med-T
		6/25/2013 Med-T
		6/17/2013 Med-T
		6/14/2013 Med-T
		6/14/2013 Med-T

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	Last, First		
(b)(6)			

RIS Approval	Request
6/5/2013	Med-T
6/4/2013	Med-T
6/3/2013	Med-T
6/3/2013	Med-T
5/10/2013	Med-T
5/10/2013	Med-T
4/30/2013	Med-T
4/30/2013	Med-T
4/19/2013	Med-T
4/17/2013	Med-T
4/11/2013	Med-D
3/26/2013	Med-D
3/15/2013	
3/14/2013	
2/28/2013	Med-T
2/15/2013	Med-T
2/15/2013	Med-T
2/4/2013	Med-T

Last, First	RIS Denial	Request
(b)(6)	3/9/2016	Med-T
	3/8/2016	Child Care
	3/4/2016	Med-D
	3/4/2016	Med-T
	3/4/2016	Med-T
	3/2/2016	Med-T
	2/29/2016	Med-T
	2/29/2016	Med-T
	2/22/2016	Med-T
	2/19/2016	Elderly-O
	2/17/2016	Med-T
	2/10/2016	Child Care
	2/10/2016	Med-T
	2/1.0/2016	Sp/Pt Care
	2/10/2016	Child Care
	2/1/2016	Med-T
	1/27/2016	Med-T
	1/27/2016	Med-T
	1/22/2016	Med-D
	1/20/2016	Elderly-O
	1/13/2016	Child Care
	1/12/2016	Elderly-O
	1/11/2016	Elderly-M
	1/11/2016	Other
	1/8/2016	Elderly-O
	1/7/2016	Med-T
	12/29/2015	Med-D
	12/29/2015	Elderly-O
	12/28/2015	
	12/28/2015	
	12/23/2015	
	12/14/2015	-
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	12/2/2015	
	11/25/2015	•
	11/19/2015	•
	11/10/2015	
	11/5/2015	-
	11/4/2015	Elderly-M

	Last, First	RIS Denial Request
(b)(6)		11/2/2015 Other
		10/27/2015 Med-T
		10/26/2015 Med-T
		10/26/2015 Med-T
		10/5/2015 Elderly-M
		10/5/2015 Elderly-O
		9/8/2015 Med-D
		9/4/2015 Med-T
		8/27/2015 Elderly-M
		8/26/2015 Med-T
		8/14/2015 Med-T
		8/13/2015 Med-T
		8/5/2015 Elderly-M
		8/5/2015 Med-T
		8/3/2015 Child Care
		7/30/2015 Med-T
		7/29/2015 Med-D
		7/29/2015 Med-D
		7/24/2015 Med-T
		7/24/2015 Elderly-M
		7/22/2015 Elderly-O
		7/22/2015 Med-T
		7/16/2015 Elderly-O
		7/9/2015 Sp/Pt Care
		7/6/2015 Elderly-O
		7/6/2015 Elderly-M
		7/6/2015 Med-D
		7/2/2015 Elderly-M
		7/2/2015 Elderly-O
		6/26/2015 Elderly-O
		6/18/2015 Elderly-M
		6/15/2015 Med-T
		6/15/2015 Elderly-M
		6/15/2015 Elderly-O
		6/13/2015 Med-D
		6/10/2015 Elderly-O
		6/8/2015 Elderly-O
		6/8/2015 Elderly-O
		6/8/2015 Elderly-O
		6/8/2015 Elderly-O
		6/8/2015 Elderly-O
		6/5/2015 Elderly-M

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	Last, First	RIS Denial	Request
(b)(6)		6/5/2015 Ot	-
		6/4/2015 Eld	lerly-O
		6/1/2015 Eld	•
		5/29/2015 Me	ed-T
		5/14/2015 Eld	lerly-O
		5/12/2015 Eld	lerly-M
		5/11/2015 Eld	lerly-O
		5/11/2015 Me	ed-T
		5/8/2015 Eld	lerly-O
		5/7/2015 Me	ed-T
		5/1/2015 Eld	lerly-M
		5/1/2015 Me	ed-D
		4/27/2015 Eld	lerly-O
		4/22/2015 Eld	lerly-O
		4/20/2015 Eld	lerly-M
		4/20/2015 Me	ed-T
		4/20/2015 Eld	lerly-O
		4/16/2015 Me	ed-D
		4/16/2015 Me	èd-T
		4/16/2015 Me	∌d-T
		4/1/2015 Eld	lerly-O
		3/30/2015 Ch	ild Care
		3/30/ 2015 C h	ild Care
		3/24/2015 Eld	ierly-M
		3/24/2015 Ch	
		3/18/2015 Me	
		3/18/2015 Me	
		3/18/2015 Eld	•
		3/18/2015 Me	
		3/13/2015 Me	
		3/12/2015 Me	
		3/4/2015 Eld	-
		3/3/2015 Me	
		3/3/2015 Me	
		2/23/2015 Me	
		2/23/2015 Me	
		2/23/2015 Sp	
		2/18/2015 Me	
		2/18/2015 Me	
		2/10/2015 Me	
		2/6/2015 Me	
		2/5/2015 Eld	lerly-O

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	Last, First	RIS Denial	Request
(b)(6)		2/5/2015 Med	j- T
		2/3/2015 Med	J-T
		1/30/2015 Med	1-T
		1/28/2015 Med	T-L
		1/28/2015 Elde	rly-M
		1/23/2015 Elde	rly-O
		1/23/2015 Elde	rly-M
		1/23/2015 Med	J-T
		1/21/2015 Elde	rly-M
		1/20/2015 Med	1-D
		1/13/2015 Othe	er
		1/8/2015 Elde	rly-M
		1/7/2015 Med	J-T
		1/7/2015 Med	1 -T
		1/7/2015 Othe	er
		1/7/2015 Elde	rly-M
		1/2/2015 Med	I-T
		12/24/2014 Med	I-T
		12/15/2014 Med	l-D
		12/15/2014 Med	I-T
		12/10/2014 Med	
		12/1/2014 Med	
		11/25/2014 Elde	•
		11/25/2014 Elde	-
		11/25/ 2 014 Elde	-
		11/25/2014 Elde	•
		11/21/2014 Othe	
		11/21/2014 Elde	•
		11/19/2014 Elde	•
		11/19/2014 Med	
		11/14/2014 Med	
		11/14/2014 Med	
		11/14/2014 Elde	•
		11/14/2014 Med	
		11/14/2014 Med	
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		11/14/2014 Med	
		11/13/2014 Med	
		11/5/2014 Elde	•
		10/28/2014 Elde	•
		10/28/2014 Elde	•
		10/24/2014 Med	I-D

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Last, First	RIS Denial	Request
(b)(6)	10/23/2014	Med-T
	10/21/2014	Med-T
	10/21/2014	Elderly-O
	10/21/2014	Med-D
	10/16/2014	Elderly-M
	10/8/2014	Other
	10/7/2014	Elderly-M
	10/2/2014	Elderly-O
	10/2/2014	Med-T
	9/26/2014	Elderly-O
	9/19/2014	Elderly-M
	9/19/2014	Other
	9/10/2014	Elderly-O
	9/5/2014	Elderly-M
	8/29/2014	Child Care
	8/25/2014	Med-D
	8/22/2014	Elderly-M
	8/20/2014	Elderly-M
	8/19/2014	Elderly-M
	8/19/2014	Med-D
	8/13/2014	Med-T
	8/13/2014	Elderly-O
	8/13/2014	Med-T
	8/13/2014	Elderly-M
	8/13/2014	Elderly-M
	8/13/2014	
	7/31/2014	•
	7/31/2014	
	7/29/2014	
	7/29/2014	· ·
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	7/28/2014	•
	7/25/2014	
	• •	Sp/Pt Care
	7/24/2014	
	7/24/2014	
	7/18/2014	
	7/18/2014	Elderly-M

Last, First	RIS Denial	Request
(b)(6)	7/18/2014	Elderly-M
	7/15/2014	Med-T
	7/14/2014	Child Care
	7/11/2014	Elderly-M
	7/9/2014	Child Care
	7/9/2014	Child Care
	7/9/2014	Child Care
	7/8/2014	Elderly-O
	7/8/2014	Elderly-M
	7/8/2014	Med-D
	7/7/2014	Child Care
	7/7/2014	Elderly-M
	7/7/2014	Med-D
	6/30/2014	Med-T
	6/30/2014	Elderly-M
	6/23/2014	Med-T
	6/19/2014	Elderly-O
	6/17/2014	Med-T
	6/10/2014	Elderly-M
	6/9/2014	Elderly-O
	6/9/2014	Med-D
	6/9/2014	Elderly-O
	6/2/2014	Child Care
	5/24/2014	Med-D
	5/20/2014	Med-T
	5/19/2014	Elderly-O
	5/13/2014	Med-T
		Elderly-M
	4/29/2014	
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	4/22/2014	
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	4/14/2014	
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	4/11/2014	
	4/11/2014	•
	·	Elderly-O
		Elderly-O
		Elderly-O
	· ·	Elderly-M
	3/27/2014	Elderly-O

Page 6

Last, First	
(b)(6)	

RIS Denial	Request
3/20/2014	Med-T
3/20/2014	
3/20/2014	•
3/13/2014	
3/10/2014	
3/5/2014	
2/26/2014	•
2/21/2014	Elderly-O
1/14/2014	Med-D
1/14/2014	Elderly-O
1/3/2014	Med-D
12/27/2013	Med-T
12/20/2013	Med-D
12/19/2013	Med-T
9/10/2013	Med-T
8/21/2013	Med-D
8/15/2013	
8/7/2013	Med-T
8/7/2013	Med-D
6/25/2013	Med-T
6/21/2013	Med-T
6/10/2013	
5/28/2013	
5/14/2013	Med-D
4/8/2013	

	Last, First	Death
(b)(6)	2031, 11130	12/18/2015
		10/16/2015
		10/16/2015
		10/8/2015
		9/27/2015
		9/25/2015
		9/20/2015
		7/21/2015
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		11/24/2014
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		10/8/2013
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Warden Recommended		Approve 8/14/2013 • Denied by BOP-	Approve 8/28/2013 -Approved by BOPGCT Release-	9/10/2013		9/19/2013	9/19/2013	9/23/2013	9/7/7/13	10/1/2013	10/3/2013	10/9/2013		10/8/2013	10/9/2013	Approve 10/9/2013	Approve 10/10/2013 -Approved by BOP-	Approve 10/10/2013 -Denied by BOP-				Approve 10/15/2013 ·Denied by BOP-	Approve 10/18/2013	Elderly - Health Approve 10/18/2013 - Withdrawn-		10/18/2013				Approve 10/31/2013 -Denied by BOP-	11/4/2013			Approve 11/7/2013 -Denied by BOP-	Elderly -Health Approve 11/8/2013 -GCT Release-	Approve 11/8/2013 -Approved by BOP-	Elderly - Health Approve 11/8/2013 - Denied by 80PGCT Release-	Approve 11/8/2013	Approve 11/12/2013 -GCT Release-	Approve 11/14/2013 -Approved by BOP-	Approve 11/15/2013 -GCT Release-	Elderly -Other Approve 11/15/2013 -Approved by BOPGCT Release-	Elderly -Other Approve 11/18/2013 -Approved by BOP-
	Type of Request	Medical - Terminal	Medical - Non-Terminal		Medical - Terminal										Non Medical	Medical - Terminal	Non Medical - Other	Medical - Terminal	Medical - Terminal		Medical - Non-Terminal	Medical - Non-Terminal	Non Medical	Non Medical						Medical - Non-Terminal				Medical -Terminal	Non Medical	Medical - Terminal	Non Medical	Non Medical - Other	Non Medical - Other	Non Medical - Other	Non Medical - Other	Non Medical	Non Medical
	Last Name Facility	SPG	CRW	9 d S	IFX	CRW	X	HOH	102	BCH.	HAZ	TVI d	EX	MAR	RCH	RCH	LOR	LEX	SPG	CRW	CRW	CRW	HAZ	HAZ	HAZ	HAZ	SPG	LOR	BUH	BUF	LOR	HAZ	JES	TRM	BUH	CRW	BUH	JES	LEX	ALD	ERE	EDG	MOM
	RegNo First Name	(9)(9)																																									

)(a)	SPG	Medical - Non-Terminal		Approve	
	BUH	Medical - Terminal		Approve	
	BUH	Medical -Terminal		Approve	11/19/2013 -Denied by BOP-
	ALD	Non Medical	Elderly -Other	Approve	11/20/2013 -Approved by BOPGCT Release-
	JES	Medical - Non-Terminal	•	Approve	
	CRW	Medical - Non-Terminal		Approve	
	Ex.	Non Medical - Other		Approx	
	, T. C.	Managed Township) · · · · · · · · · · · · · · · · · · ·	
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	LEX	Non Medical	Elderly -Other	Approve	
	BIG	Non Medical	Elderly -3582(c)	Approve	
	вин	Medical - Terminal		Approve	11/25/2013 -Approved by BOP-
	LEX	Non Medical	Elderly -Health	Approve	11/27/2013 -Denied by BOP-
	BIG	Non Medical	Elderly -3582(c)	Approve	11/28/2013 -Withdrawn-
	DEV	Medical - Non-Terminal		Approve	11/29/2013 -Approved by BOP.
	SHE	Non Medical - Other		Approve	11/29/2013 -Denied by BOP-
	LEE	Non Medical	Elderly -3582(c)	Approve	
	TRM	Non Medical - Other		Approve	
	TRM	Medical - Non-Terminal		Approve	
	LEX	Medical - Terminal		Approve	
	вин	Medical -Terminal		Approve	12/5/2013 -Approved by BOP-
	RCH	Non Medical - Other		Approve	
	YVO	Non-Modical Other		okoraa v	
		Moli Medical - Other			
	KCH	Medical - Non-Terminal		Approve	
	RCH	Medical - Terminal		Approve	
	RCH	Medical - Terminal		Approve	12/11/2013 -Approved by BOP.
	BUH	Medical - Non-Terminal		Approve	12/12/2013 -Approved by BOPInmate Death-
	SCH	Non Medical - Other		Approve	12/12/2013 -Denied by BOP-
	CRW	Non Medical - Other		Approve	12/13/2013 -Denied by BOPHome Confinement-
	HER	Non Medical	Child Caregiver	Approve	12/13/2013 -Denied by BOPGCT Release-
	FTW	Non Medical	Elderly -Other	Approve	12/18/2013 -Denied by BOPGCT Release-
	SPG	Medical - Non-Terminal		Approve	12/19/2013 -Approved by BOP.
	BUF	Non Medical - Other		Approve	12/20/2013 -GCT Release-
	BUH	Medical - Non-Terminal		Approve	12/23/2013 -Withdrawn-
	BUH	Medical - Terminal		Approve	12/23/2013 -Inmate Death-
	BUH	Medical - Terminal		Approve	12/23/2013 -Inmate Death-
	BUH	Non Medical	Elderly -Health	Approve	12/23/2013 -Withdrawn-
	CRW	Non Medical - Other		Approve	12/23/2013 -Denied by BOP-
	BUH	Non Medical	Elderly -Health	Approve	12/23/2013 -Denied by BOP-
	BSC	Medical - Non-Terminal		Approve	12/26/2013 -GCT Release-
	JES	Non Medical - Other		Approve	12/26/2013 -Approved by BOP-
	MON	Medical - Non-Terminal		Approve	12/30/2013 -Home Confinement-
	BUH	Medical - Terminal		Approve	12/30/2013 -GCT Release-
	THP	Medical - Terminal		Approve	
	RCH	Non Medical - Other		Approve	12/31/2013 -Denied by BOPGCT Release-
	LEX	Medical - Non-Terminal		Approve	1/2/2014 -Approved by BOP-
	POL	Non Medical - Other		Approve	1/2/2014 -Denied by 8OP-

(0)					
(a)(a:	JES	Non Medical - Other		Approve	
	BUH	Medical - Non-Terminal		Approve	
	EST	Medical - Non-Terminal		Approve	1/6/2014 -Denied by BOPWithdrawn-
	LEX	Non Medical - Other		Approve	1/7/2014 -Denied by 80P-
	BUH	Medical - Terminal		Approve	1/8/2014 -Denied by BOP-
	НЭЭ	Medical - Non-Terminal		Approve	1/9/2014 -Withdrawn-
	BUF	Medical - Non-Terminal		Approve	1/13/2014 -Inmate Death-
	MNA	Non Medical - Other		Approve	
	SHE	Medical - Non-Terminal		Approve	1/13/2014 -Denied by 80P-
	BUF	Medical - Terminal		Approve	1/13/2014 -Denied by BOP-
	HAZ	Medical - Non-Terminal		Approve	1/13/2014 ·Denied by BOP-
	LEX	Non Medical - Other		Approve	1/14/2014 -Approved by BOP-
	MON	Non Medical - Other		Approve	1/14/2014 -Denied by BOP-
	LEX	Medical - Terminal		Approve	1/14/2014 -Denied by 8OP-
	JES	Non Medical - Other		Approve	1/14/2014 -Denied by 80P-
	00 W00	Medical - Terminal		Approve	1/15/2014 -Approved by BOP-
	RCH	Medical - Non-Terminal		Approve	1/15/2014 -Denied by 8OP-
	FTO	Non Medical - Other		Approve	1/16/2014 -Withdrawn-
	FTD	Non Medical - Other		Approve	1/16/2014 -Denied by BOP-
	HAZ	Non Medical	Elderly -Other	Approve	1/17/2014 -Withdrawn-
	HAZ	Non Medical	Elderly -3582(c)	Approve	1/17/2014 -Withdrawn-
	RCH	Non Medical	Elderly -Health	Approve	1/17/2014 -Denied by BOP-
	HAZ	Medical - Non-Terminal		Approve	1/21/2014
	HAZ	Medical - Non-Terminal		Approve	1/21/2014 -Denied by BOP-
	BUF	Non Medical	Elderly -Health	Approve	1/21/2014 -Denied by 80P-
	RCH	Non Medical	Elderly -Health	Approve	1/21/2014 -Approved by BOP-
	BUF	Non Medical	Elderly -Health	Approve	1/21/2014 -Denied by BOP-
	DEV	Non Medical	Elderly -Health	Approve	
	BUH	Medical - Terminal	•	Approve	
	SPG	Medical - Non-Terminal		Approve	1/23/2014 -Denied by BOP-
	SPG	Medical - Terminal		Approve	1/27/2014 -Approved by BOP-
	SPG	Medical - Non-Terminal		Approve	1/27/2014 -Denied by 80P-
	SPG	Medical - Terminal		Approve	1/27/2014 -Denied by BOP-
	JES	Non Medical - Other		Approve	1/27/2014 -Denied by BOP-
	CRW	Medical - Terminal		Approve	1/28/2014 -Approved by BOP-
	JES	Non Medical	Elderly -Other	Approve	1/28/2014 -Denied by BOP-
	RCH	Non Medical	Elderly -Other	Approve	1/28/2014 -Denied by BOP-
	PET	Non Medical	Elderly -Health	Approve	1/29/2014 -Home Confinement-
	YAN	Medical - Terminal		Approve	1/29/2014 -Home Confinement-
	CRW	Medical - Non-Terminal		Approve	1/29/2014 -Denied by BOP-
	LEX	Medical - Terminal		Approve	1/29/2014 -Denied by BOP-
	BUH	Medical - Terminal		Approve	
	BUH	Non Medical	Elderly -Health	Approve	1/30/2014 -Denied by BOP-
	BUH	Medical - Terminal		Approve	
	CRW	Medical - Non-Terminal		Approve	
	BUH	Medical - Terminal		Approve	2/7/2014 -GCT Release-

BUH	Medical - Terminal		Approve		-Approved by BOP-
BUH	Medical - Terminal		Approve		-Denied by BOP-
CRW	Medical -Terminal		Approve	2/10/2014	-Denied by BOP-
BIG	Non Medical	Elderly -3582(c)	Approve	2/10/2014	-Denied by BOP-
MRG	Non Medical	Elderly -Health	Approve	2/11/2014	-Inmate Death-
EST	Non Medical - Other		Approve	2/11/2014	-Denied by BOPHome Confinement-
HAZ	Non Medical	Child Caregiver	Approve	2/12/2014	-Denied by BOP-
ΓEX	Medical - Non-Terminal		Approve	2/14/2014	-Approved by BOPGCT Release-
BUH	Medical - Terminal		Approve	2/20/2014	-Denied by 80P-
BUH	Medical - Terminal		Approve	2/22/2014	-Approved by BOP-
CRW	Medical - Terminal		Approve	2/24/2014	Inmate Death-
RCH	Non Medical	Fiderly - Health	Approve	2/24/2014	-Approved by BOP-
DIH	Non Medical	Child Caregiver	Approve		-Denied by BOP-Home Confinement-
RCH	Non Medical	Elderly - Health	Approve		-Denied by BOP-
FLK	Non Medical - Other		Approve	2/28/2014	-Denied by BOP-
CRW	Medical - Non-Terminal		Approve	3/3/2014	-Annroved by BOP-
SpG	Medical - Terminal		Approve	3/6/2014	GCT Release.
CRW	Medical - Terminal		Approve	3/6/2014	-Approved by ROP-
. H	Medical - Terminal		Avorage.	3/6/2014	-Approved by BOP-
<u> </u>	Non-Modical - Other		Approve	3/7/2014	Denied by BOD-GCT Releases
רבע	NOI INEUCAL - CLIEF		Applove	\$///cut	-Delined by BOKGC! Neledse-
ΝOΣ	Medical - Non-Terminal		Approve	5/11/2014	-Withdrawn-
SPG	Medical - Terminal		Approve	3/11/2014	-Approved by BOP-
HAZ	Non Medical	Elderly -Other	Approve	3/11/2014	-Denied by BOP-
BUH	Non Medical	Elderly -Health	Approve	3/12/2014	-Inmate Death-
BUH	Medical - Terminal		Approve	3/13/2014	-Approved by BOP-
MON	Non Medical - Other		Approve	3/13/2014	-Denied by BOP-
DEV	Medical - Terminal		Approve	3/14/2014	-Denied by BOP-
MON	Non Medical - Other		Approve	3/14/2014	-Denied by BOP-
ΔTI	Non Medical - Other		Annrove	3/17/2014	-Denied by BOP-
7 0	Not Medical - Other			71/2014	Periled by BOF-
٦ ٦	Non Medical - Other		Approve	5/18/2014	-Denied by BOP-
TDG	Medical - Terminal		Approve	3/19/2014	-Inmate Death-
LEX	Non Medical	Elderly -3582(c)	Approve	3/21/2014	-Inmate Death-
BUF	Non Medical	Elderly -Health	Approve	3/21/2014	-Inmate Death-
CRW	Medical -Terminal		Approve	3/21/2014	-Approved by BOP-
LEX	Non Medical - Other		Approve	3/21/2014	-Denied by BOP-
Œ	Non Medical - Other		Approve	3/24/2014	-Denied by BOP-
BUH	Medical - Non-Terminal		Approve	3/25/2014	-Approved by BOP-
ATL	Medical - Non-Terminal		Approve	3/25/2014	-Denied by BOP-
CRW	Medical - Terminal		Approve		-Inmate Death-
BMP	Non Medical	Elderly -Other	Approve		-Home Confinement-
BUH	Medical - Terminal		Approve		-Inmate Death-
	A Color Toring		1		VAC+150
בי	Medical - Non-Terminal		Approve		-withdrawn-
RCH	Medical - Terminal	Elderly -Other	Approve		-Approved by BOP-
КСН	Medical - Terminal		Approve		-Denied by BOPInmate Death-
RCH	Non Medical	Elderly -Health	Approve	3/31/2014	 Denied by BOPHome Confinement-
BUT	Medical - Terminal		Annrove	1/21/2011	1 T T T T T T T T T T T T T T T T T T T

Child Caregiver Elderly -3582(c) Child Caregiver Child Caregiver Elderly -Health Elderly -Health Child Caregiver Child Caregiver Elderly -Health Elderly -Health Elderly -Health Elderly -Health Elderly -Other Elderly -Other	Approve Approve Approve Approve Approve
r reac ata baara aara mramr armem '	Elderly -Other
HAZ Non Medical Non Medical PHX Non Medical CRW Medical - Non-Terminal LEX Non Medical - Other CRW Medical - Terminal Non Medical - Other Non Medical - Other Non Medical - Other RCH Non Medical - Other CRW Medical - Terminal MON Non Medical - Terminal BMP Non Medical - Terminal BMP Non Medical - Terminal BMP Non Medical - Terminal RCH Medical - Terminal Medical - Terminal LEX Medical - Terminal Medical - Terminal LEX Medical - Terminal Medical - Terminal Non Medical - Terminal	

Approve 7/31/2014 -Approved by BOP-	Approve 7/31/2014 -Denied by BOP-	Approve 8/1/2014 -Denied by BOP-	Approve 8/4/2014 -Inmate Death-		8/4/2014	Approve 8/5/2014 -Approved by BOP-		8/8/2014	8/11/2014	Approve 8/12/2014 -Approved by BOP-	Approve 8/13/2014 -Denied by BOP-	Approve 8/13/2014		8/15/2014	8/15/2014		8/19/2014	Approve 8/20/2014 -Inmate Death-	8/20/2014			8/26/2014			8/27/2014	\$/20/20I4	Approve 8/28/2014 -Demed by BOF- Approve 8/28/2014		8/29/2014		9/2/2014	9/2/2014	9/9/2014				Approve 9/10/2014 -Denied by BOP-	Approve 9/18/2014 -Denied by BOP-	Approve 9/22/2014 -Approved by BOP-	Approve 9/22/2014 -Approved by BOP-	Approve 9/23/2014 -Approved by BOPGCT Release-	Annrove 9/24/2014 -Approved by BOP.
Elderly -Other	inal	Child Caregiver	inal		Elderly -Other	inal		Child Caregiver	1	Elderly -Health	inal	inal			Child Caregiver		inal		Elderly -Health								spouse/Partner inal	Elderly -Other		Elderly -Health		Elderly -Other					Elderly -Health	inal				
Non Medical	Medical - Non-Terminal	Non Medical	Medical - Non-Termina	Medical - Terminal	Non Medical	Medical - Non-Terminal	Medical - Terminal	Non Medical	Medical - Terminal	Non Medical	Medical - Non-Terminal	Medical - Non-Terminal	Medical - Terminal	Medical - Terminal	Non Medical	Medical - Terminal	Medical - Non-Terminal	Medical -Terminal	Non Medical	Medical - Terminal	Medical -Terminal	Medical - Terminal	Non Medical - Other	Medical -Terminal	Medical - Terminal		Non Medical Medical - Non-Termina	Non Medical	Medical - Terminal	Non Medical	Non Medical - Other	Non Medical	Medical - Terminal	Medical -Terminal	Non Medical - Other	Medical - Terminal	Non Medical	Medical - Non-Terminal	Medical - Terminal	Medical - Terminal	Medical - Terminal	Medical - Terminal
PEN	LEX	HAZ	RCH	BUH	LEW	BUT	EX	OAD	вин	CRW	ВОН	CRL	ВОН	BUH	WAS	LEX	RCH	RCH	4HP	CRW	ВОН	RG H	LEX	BUH	BUH	1 Y C	<u> </u>	MEM	SPG	BUF	EDG	PEN	DTH.	LOR	MIA	BUH	ENG	LEX	вин	ВОН	MRG	вин

		9/29/2014	Approve 9/29/2014 -Approved by BOP-	Approve 9/30/2014 -Inmate Death-	Approve 9/30/2014 -Denied by BOP-	Approve 9/30/2014 -Denied by BOP-	9/30/2014	10/1/2014	10/1/2014	Approve 10/1/2014 -Denied by BOP-	Approve 10/2/2014 -Denied by BOP-			10/8/2014	10/9/2014	10/15/2014	10/16/2014	10/21/2014		Approve 10/24/2014 -Denied by BOP-	Approve 10/24/2014	Approve 10/27/2014 -Denied by BOP-		10/31/2014		11/4/2014			11/7/2014	11/12/2014	11/13/2014	11/14/2014	11/14/2014	11/17/2014		Approve 11/19/2014 • Denied by BOPHome Confinement-	Approve 11/24/2014 -Inmate Death-	Approve 11/24/2014 -Approved by BOPInmate Death-	Approve 11/26/2014 -Denied by BOP-	Approve 12/2/2014 -Approved by BOP-	Approve 12/2/2014 -Denied by BOP-	Approve 12/4/2014 -Approved by BOP.	12/4/2014
n-Terminal			MNA Medical - Termínal	HAZ Non Medical Elderly - Health	MON Non Medical - Other	SPG Medical - Terminal		BUH Medical - Terminal	CRW Medical - Non-Terminal	LEX Medical - Terminal	RCH Medical - Non-Terminal	Medical - Non-Terminal		Medical - Terminal						Non Medical	Non Medical	OTV Non Medical Elderly -Other					Medical - Non-Terminal	Non Medical							Non Medical - Other		CRW Medical - Terminal	LOR Medical - Terminal	POL Non Medical - Other	FTD Medical - Terminal	CRW Medical - Terminal	BUH Medical - Terminal	
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(9)(q)	A⊤w	Non Medical	Elderly -Health	Approve		-Denied by BOP-
	SPG	Medical - Terminal		Approve	12/9/2014 -Appro	-Approved by BOP-
	SPG	Medical - Terminal		Approve	12/9/2014 -Appro	-Approved by BOP-
	PEM	Medical - Non-Terminal		Approve	12/11/2014 -Witho	-Withdrawn-
	ALF	Medical - Terminal		Approve	12/11/2014 -Appro	-Approved by BOP-
	LEX	Medical - Terminal		Approve		-Denied by BOP-
	SPG	Medical - Terminal		Approve		-Denied by BOP-
	TDG	Medical - Non-Terminal		Approve	12/15/2014 -Home	-Home Confinement-
	LEX	Non Medical - Other		Approve	12/15/2014 -Denie	-Denied by BOP-
	MIA	Medical - Terminal		Approve	12/15/2014 -Appro	-Approved by BOP-
	FLM	Medical - Terminal		Approve	12/16/2014 -Inma	-Inmate Death-
	SPG	Medical - Terminal		Approve	12/24/2014 -Appro	-Approved by BOP-
	HAZ	Medical - Terminal		Approve	12/29/2014 -Inma	-Inmate Death-
	THP	Medical - Terminal		Approve	12/29/2014 -Denie	-Denied by 8OP-
	BUH	Medical - Terminal		Approve	12/30/2014 -Denie	-Denied by 80P-
	SPG	Medical - Terminal		Approve	12/31/2014 -Denie	-Denied by BOP-
	SPG	Medical - Terminal		Approve		-Approved by BOP-
	ATL	Non Medical	Elderly -Other	Approve	1/5/2015 -Denie	-Denied by 80P-
	SPG	Medical - Terminal	•	Approve	1/7/2015 -Denie	-Denied by BOP-
	FOR	Non Medical	Elderly -Other	Approve		•
	FOR	Non Medical	Elderly -3582(c)	Approve		-Denied by BOP-
	FOR	Non Medical - Other		Approve		-Denied by BOP-
	FOR	Non Medical	Elderly -Other	Approve	1/9/2015 -Denie	-Denied by BOP-
	SPG	Medical - Non-Terminal		Approve		-Approved by BOP-
	NO.	Medical - Terminal		Annrove		Denied by BOP-
	- I	Modical - Non-Terminal		Approve		Denied by BOP-
	L 4	Medical - Non-Terminal		Approve		to by BOP-
	900	Medical - lerminal		Approve		-Approved by BOP-
	CRW	Medical - Terminal		Approve		-Approved by BOP-
	BUT	Medical - Non-Terminal		Approve		-Denied by 80P-
	LAT	Medical - Non-Terminal		Approve	1/28/2015 -Denie	-Denied by BOP-
	SPG	Medical - Terminal		Approve	1/29/2015 -Appro	-Approved by BOP-
	100	Non Medical	OTHER	Approve	1/29/2015 -Denie	-Denied by BOP-
	SPG	Medical - Terminal		Approve	1/29/2015 -Denied by BOP-	ed by BOP-
	SPG	Medical -Terminal		Approve	1/29/2015 -Denied by BOP-	ed by BOP-
	MEM	Medical - Terminal		Approve	1/30/2015 -Inmate Death-	te Death-
	ALD	Medical - Terminal		Approve	1/30/2015 -Appro	-Approved by BOP-
	RCH	Medical - Non-Terminal		Approve		oved by BOP-
	FOR	Non Medical	Elderly -Other	Approve	2/4/2015 -Denie	-Denied by BOP-
	SPG	Medical - Terminal		Approve	2/4/2015 -Denie	-Denied by BOP-
	SPG	Medical - Terminal		Approve	2/4/2015 -Denie	-Denied by BOP-
	CRW	Non Medical	Elderly -Other	Approve	2/5/2015 -Appro	-Approved by BOP-
	CRW	Medical - Non-Terminal		Approve	2/6/2015 -Denie	-Denied by BOP-
	BUH	Medical - Terminal		Approve	2/7/2015 -Appro	-Approved by BOP-
	VTO	Non Medical	Elderly -Health	Approve	2/15/2015 -Denied by BOP-	ed by BOP-
	CRW	Medical - Terminal		Approve	2/16/2015 -Approved by BOP-	oved by BOP.
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E×	H09	MEM	LOM	BMP	BUF	TAF	BUH	вин	LEX	BUH	BUH	BUH	BUH	BUH	BUH	BUH	LEX	BUH	LEX	LEX	CRW	BUF	BUH	вин	MCR	CR.	BUH	100	E E	LEX	SPG	BUH	LEX	BUH	JES	BUH	DUB	вин	MEM	вин	BAS	SPG	SPG	CRW

ž	Medical - lerminal		Approve	9/21/2015	-Denied by BOP-
BUH	Medical - Terminal		Approve		-Approved by BOP-
BUH	Medical - Non-Terminal		Approve	9/21/2015	-Approved by BOP-
CRW	Medical - Terminal		Approve	9/22/2015	-Approved by BOP-
CRW	Medical - Non-Terminal		Approve	9/22/2015	-Approved by BOP-
ВОН	Medical - Non-Terminal		Approve	9/22/2015	
ENG	Non Medical	Elderly -Other	Approve	9/23/2015	
MCD	Medical - Terminal		Approve	9/24/2015	-Inmate Death-
ВОН	Medical - Non-Terminal		Approve	9/24/2015	
CRW	Medical - Terminal		Approve	9/29/2015	-Approved by BOP-
RCH	Medical - Terminal		Approve	9/29/2015	-Denied by BOP-
ΜΛ	Non Medical	Elderly -Other	Approve	9/30/2015	
RCH	Medical - Non-Terminal		Approve	10/2/2015	
MOM	Non Medical	Elderly -Other	Approve	10/2/2015	
ВОН	Medical - Terminal		Approve	10/5/2015	
LEW	Non Medical	Elderly -Other	Approve	10/5/2015	
ВИН	Medical - Non-Terminal		Approve	10/7/2015	-Approved by BOP-
ВОН	Medical - Non-Terminal		Approve	10/7/2015	-Approved by BOP-
FTW	Medical - Terminal		Approve	10/8/2015	-Inmate Death-
SPG	Medical - Non-Terminal		Approve	10/8/2015	-Approved by BOP-
SPG	Medical - Non-Terminal		Approve	10/8/2015	-Denied by BOP-
BUH	Medical - Terminal		Approve	10/8/2015	-Denied by BOP-
FTD	Non Medical	Elderly -Other	Approve	10/13/2015	
PEN	Non Medical	Elderly -Other	Approve	10/16/2015	
вин	Medical - Terminal		Approve	10/16/2015	-Approved by BOP-
ВИН	Medical - Terminal		Approve	10/16/2015	
CRW	Medical - Terminal		Approve	10/19/2015	-Approved by BOP-
SPG	Medical - Terminal		Approve	10/20/2015	-Denied by BOP-
CRW	Medical - Terminal		Approve		-Approved by BOP-
FTD	Medical - Terminal		Apprave	10/28/2015	-Approved by BOP-
RCH	Medical - Terminal		Approve	10/28/2015	-Denied by BOP-
ВОН	Medical - Terminal		Approve	10/28/2015	
COM	Medical - Non-Terminal		Approve	10/29/2015	
ВИН	Medical -Terminal		Approve	10/29/2015	-Approved by BOP-
вин	Medical - Terminal		Approve	10/29/2015	-Denied by BOP-
LEX	Non Medical	Elderly -Health	Approve	10/30/2015	-Denied by BOP-
HAZ	Medical - Non-Terminal		Approve		-Denied by BOP-
BUH	Medical - Non-Terminal		Approve		-Approved by BOP-
BUH	Medical - Non-Terminal		Approve	11/2/2015	
LEX	Medical - Terminal		Approve		-Approved by BOP-
ВОН	Medical - Terminal		Approve	11/4/2015	-Approved by BOP-
BMP	Medical - Terminal		Approve	11/6/2015	-Denied by BOPInmate Death-
LEX	Medical - Non-Terminal		Approve	11/9/2015	-Denied by BOP-
FTD	Medical - Terminal		Approve	11/12/2015	-Denied by BOP-
GRE	Non Medical	OTHER	Approve	11/12/2015	11/12/2015 -Denied by BOP-
ВОН	Medical - Terminal		Approve	11/12/2015	-Approved by BOP-

(A)(A)					
(0)(BIG	Medical - Terminal		Approve	2/16/2016
	SPG	Non Medical	Elderly -3582(c)	Approve	2/18/2016
	BUH	Medical -Terminal		Approve	2/24/2016
	TRM	Medical - Terminal		Approve	2/25/2016
	SPG	Medical - Terminal		Approve	3/7/2016
	SPG	Medical - Terminal		Approve	3/7/2016