

# SB201 Referral for Additional Term Hearing Review

Incarcerated Adult Name:	Number:	Institution:
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## Referred by:

- RIB referral                       Security Review Committee

Date	Rule Incarcerated Adult Violated	Case Number

Comments:

Referred to Ohio State Highway Patrol (OSHP):    Yes    No      Does the offender wish to appeal?    Yes    No

Staff Signature:	Date:
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## Parole Board Review

ATH to be scheduled    Yes    No      ( If No, please list justification in Comments below.)

If Yes, select date of hearing: \_\_\_\_\_

Staff Signature:	Date:
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Comments: