

**IDAHO DEPARTMENT OF CORRECTION
CAPP Request Form**

To: _____
Offender's Name (First, MI, Last)

_____ IDOC #

From: _____
Probation and Parole Officer's (PPO's) Name (First, Last)
(or Section Supervisor's Name)

It is alleged that you have violated the terms of your probation, which could result in your arrest and the submission of a Report of Violation. Instead, I believe you would benefit from an additional term of probation authorizing your placement in the Idaho Department of Correction's (IDOC's) Correctional Alternative Placement Program (CAPP) treatment facility. If you do not want to be placed in the CAPP facility, I may notify the court of your decision by submitting a formal probation violation, which could result in the imposition of your underlying sentence. **Please indicate below, your placement choice decision.**

Decision A

No objection to placement in the CAPP treatment facility: By signing this form in the space below, I acknowledge that the purpose of the facility has been explained to me, and I agree to an additional term of probation allowing me to be placed in the facility as ordered by the court. Although I understand that I have the right to discuss this with an attorney, I knowingly waive my right to do so. I also acknowledge that I must meet CAPP eligibility criteria for final placement.

Offender's Signature

Date

PPO's Signature
(or Section Supervisor's Signature)

Date

Decision B

Objection to placement in the CAPP treatment facility: By signing this form in the space below, I acknowledge that the purpose of the facility has been explained to me. However, I object to being placed in the facility through this process, and I understand that my probation and parole officer (PPO) may proceed with the formal probation violation process.

Offender's Signature

Date

PPO's Signature
(or Section Supervisor's Signature)

Date

Cc: prosecuting attorney