



Bureau of Corrections

Document Reference Code
AAR-WI-003-F002

Revision No.
0

Effectivity Date
01/05/2018

DISPOSITION FORM

Page 1 of 1

BC DISPOSITION FORM

SUBJECT: 1) For approval of the INITIAL CLASSIFICATION of _____ PDLs by the Assessment Rehabilitation Program Development and Monitoring Division (ARPDMD-RDC) Initial Classification Board; and 2) For approval of the **TRANSFER** of _____ **initially classified** PDLs and _____ **ON-APPEAL** PDLs to their recommended security institutions as indicated and summarized above;

FOR: Deputy Director for Operations & OIC, BuCor

FR: OIC, ARPDMD (RDC)

DATE: ARPDMD (RDC) ADMIN-__-____

Sir:

References:

- Minutes of the Meeting of the Assessment Rehabilitation Program Development and Monitoring Division, ARPDMD (RDC) Initial Classification Board held last _____;

Summary:

- The ARPDMD (RDC) Initial Classification Board in its regular session conducted activities with the following information, to wit:

Session No.	Date	No. of Inmates Classified/Status			Total No. of Inmates
		Medium	Maximum	On-Appeal	
					0

Total Number of MEDIUM Classified:	For transfer to Medsecom	0
Total Number of MAXIMUM Classified:	For transfer to Maxsecom	0
	Sub-total:	0
Total Number of ON-APPEAL Status:	For transfer to Maxsecom	0
		0

- Pursuant to the above stated Minutes of the Meeting by the ARPDMD (RDC) Initial Classification Board, a total of _____ PDLs who were **INITIALLY CLASSIFIED** and a total of _____ **ON-APPEAL** status PDLs for TRANSFER to their recommended security institutions as indicated and summarized above;
- Further, that upon approval of the Minutes of the initial classification by the ARPDMD (RDC) Initial Classification Board on _____, the TRANSFER of the subject _____ PDLs to their recommended security institutions is hereby recommended for approval;

Recommendation:

- For your Honor's approval as stated above.

Officer-In-Charge, ARPDMD (RDC)

Approved by:

Deputy Director for Operations
& Officer-In-Charge, Bureau of Corrections