

INMATE DISCIPLINARY APPEAL FORM

If you wish to appeal a DR conviction, you must fill out and file this appeal form within seven (7) business days of receiving the final decision. Failure on your part to file an appeal within seven (7) business days may result in your appeal being denied solely on the basis that it was not filed in a timely manner.

Inmate Name: _____ DOB: _____

Facility: _____

DR conviction being appealed: _____

Reason(s) for your appeal:

(Attach additional sheets if needed.)

Inmate signature

Date

Staff member who received this appeal:

Staff Signature

Date & Time

SUPERINTENDENT'S RESPONSE TO ALL SPECIFIC APPEAL ISSUES

I have considered your appeal, and my decision remains unchanged.

I have considered your appeal and take the following action:

Reverse Decision **Direct a New Hearing** **Lower Sanction** **Other**

(Superintendent's signature, Date)

Delivered to inmate on: _____ by _____

(Date & Time)

(Staff signature)

Distribution: Inmate when Superintendent's initial decision is returned; Inmate when appeal is given to staff; Inmate file; Director of Policy Development & Offender Due Process

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