

SOTP/IDAP Hearing Decision # _____

Appeal Form

Institution: _____

Incarcerated Individual Name: _____

DOC Number: _____

Date/Time Notice Served: _____

Appeal Statement (Specify/Explain Reasons for Appeal)

Incarcerated Individuals: _____ **Date:** _____
(Signature)

***Send this appeal form to your institutional Treatment Director/designee.**

Failure to appeal your classification hearing decision within 24 hours from the date and time you received a copy will result in loss of your appeal rights.

Date/Time Appeal Submitted: _____

Originally Form IS-CL-03 F-7. Effective: Aug. 2010. Reviewed: March 2011, July 2011. Revised: Dec. 2013. Reviewed: Oct. 2014. Revised/moved to OP-SOP-09: Jan. 2016. Reviewed: Sept. 2017. Revised/moved to IS-CL-10: Aug. 2018. Reviewed: Sept. 2020.