SOTP/IDAP Hearing Decision # _____

Appeal Response Form

Date: _____ Institution: _____

Incarcerated Individual Name: _____

DOC Number: _____

Date/Time Decision Served: _____

Appeal Findings

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Decision: Denied Sustained

Appeal authority/designee: _____
(Signature/Date)

Originally IS-CL-03 F-8. Originated: 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.