

**APPEAL OF DEPARTMENT VIOLATION PROCESS**

Name:       DOC number:       Arrest/Hearing date:

Mailing address:

City:       State:       Zip:

Case manager/Hearing Officer:       Location/Jail:

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To obtain a copy of the electronic recording of the hearing, send a separate written request to: Department of Corrections, P.O. Box 41103, Olympia, WA 98504-1103.

CHECK THOSE THAT APPLY TO YOUR APPEAL (You must specifically identify a problem with one or more of the below listed reasons to appeal).

**I am appealing based on:**

[ ]  **A procedural issue** (e.g., you did not have the opportunity to respond to the allegations or call a necessary witness)

[ ]  **A jurisdictional issue** (e.g., you may object that you were not on supervision at the time you were arrested or that the violation has already been addressed)

[ ]  **The finding of guilt**

[ ]  **The sanction imposed**

Describe the reason(s) to support your appeal.

**If my appeal is granted, the desired outcome is:** (The outcome must be something that the Department can provide. The Department cannot change jail policies or procedures.)

This appeal must be in writing and postmarked or hand-delivered to the address listed below within 7 days of your sanction being imposed. The Department will respond to your appeal within 15 business days of its receipt of your appeal. Sanctions are **NOT STAYED** pending the outcome of an appeal.

***DEPARTMENT OF CORRECTIONS APPEALS PANEL - P.O. Box 41103 - Olympia, WA 98504-1103***

 *You have a right to file a personal restraint petition under court rules after the final decision of the Department.*

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**