



# APPEAL OF DEPARTMENT VIOLATION PROCESS

Name: \_\_\_\_\_ DOC number: \_\_\_\_\_ Arrest/Hearing date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Community Corrections Officer/Hearing Officer: \_\_\_\_\_ Location/Jail: \_\_\_\_\_

CHECK THOSE THAT APPLY TO YOUR APPEAL (Note: 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) and/or provide any additional evidence to support your appeal.

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

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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.

**APPEALS PANEL  
PO BOX 41103  
OLYMPIA WA 98504-1103**

*NOTE: 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 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.