

**Special Management Unit: Tier III Program
90-Day Review/Classification Appeal Form**

I. Offender: _____ **GDC #:** _____

Phase: _____ **Bed Assignment** _____ **Date** _____

II. Appeal of Special Management Unit: Tier III Program Classification Committee Action

I wish to appeal the decision of the Special Management Unit: Tier III Program Classification Committee regarding my 90-Day Review:

REASON FOR APPEAL (within 5 Business Days from date Notice of 90-Day Review Hearing Form (Attachment 4) submit to the assigned counselor who shall forward to the Warden (or designee)).

Offender's Signature

Date

Date appeal received: _____ **By:** _____ **(COUNSELOR)**

Offender Acknowledgment Appeal Received by Counselor: _____

Signature/Date

Date Appeal Sent to Warden (or designee): _____ *(Send within 3 calendar days of receipt of Appeal)*

****If appeal is for denial of transfer to Tier III STEP, send directly to Director, Field Operations (or designee)****

Date Appeal Sent to Director, Field Operations (or designee): _____ *(send within 3 calendar days of receipt of Appeal)*

III. Warden (or designee) Review

Date Appeal Received: _____

I **concur** / **disagree** with the Special Management Unit: Tier III Program Classification Committee's Action and the following recommendation(s) has been made in this case:

Warden (or designee)

Date

Date Appeal Sent to Director, Field Operations (or designee): _____

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file.

(Send within 10 business days of receipt of Appeal)

IV. Director, Field Operations (or designee) review

Date Appeal Received: _____

I **concur** / **disagree** with the Special Management Unit: Tier III Program Classification Committee's Action and the following recommendation(s) has been made in this case:

Director, Field Operations (or designee)

Date

Date Appeal Sent to Assistant Commissioner for Facilities: _____
(Send within 10 business days of receipt of Appeal)

V. Assistant Commissioner for Facilities

Date Appeal Received: _____

I **concur** / **disagree** with the Special Management Unit: Tier III Program Classification Committee's Action and the following recommendation(s) has been made in this case:

Assistant Commissioner for Facilities

DATE

VI. Offender's Acknowledgment of Final 90-Day Review Appeal Decision

Signature/Date