# INMATE APPEAL FORM

*If you wish to appeal a furlough violation conviction, you must fill out and file this appeal form within seven (7) business days of receiving the final decision. Failure on your part to file an appeal within seven (7) business days may result in your appeal being denied solely on the basis that it was not filed in a timely manner.*

Inmate Name: _____ DOB: _____

Facility: _____

Reason(s) for your appeal:

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*(Attach additional sheets if needed.)*

*Inmate signature* *Date*

Staff member who received this appeal:

*Staff Signature* *Date & Time*

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**DISTRICT MANAGER'S RESPONSE TO ALL SPECIFIC APPEAL ISSUES**

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