

WARDEN'S/SUPERINTENDENT'S ADA ACCOMMODATION REQUEST RESPONSE

Offender's Name:

ADA REQUEST #:

GDC #:

Facility:

RESPONSE TO ADA ACCOMMODATION REQUEST:

Warden's/Superintendent's Signature

(Date)

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

Offender's Signature

(Date)

You have seven (7) calendar days to appeal a denial of an ADA accommodation (s) to the Commissioner's Designee at P.O. Box 1529 Forsyth, Georgia 31029.

Retention Schedule: Upon completion, the original of this attachment shall be placed in the offender's institutional file and retained according to the official retention schedule for this file. A copy of this attachment shall be placed in the medical file and mental health file, as necessary, and retained according to the official retention schedule for that file. A copy of this attachment shall also be maintained in the Facility ADA Coordinator's and Agency's ADA Coordinator's offices for four (4) years following the final decision of the request.