

**Special Management Unit: Tier III Program
60-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 60-Day Review:

REASON FOR APPEAL (within five (5) business days from date Notice of 60-Day Review Hearing Form (Attachment 5) submit to the assigned counselor who shall forward to the SMU Warden (or designee)).

Offender's Signature

Date

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

Offender Acknowledgment Appeal Received by Counselor: _____

Signature/Date

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

III. SMU 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/have been made in this case:

SMU Warden (or designee)

Date

Date Appeal Sent to Director, Field Operations (or designee): _____
(Send within 10 business days of receipt of Appeal)

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

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/have 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 decision(s) has/have been made in this case:

Assistant Commissioner for Facilities

DATE

VI. Offender's Acknowledgment of Final 60-Day Review Appeal Decision:

Signature/Date