

**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)).

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\_\_\_\_\_  
**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 Deputy Director, Field Operations (or designee)\*\***

**Date Appeal Sent to Deputy 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:

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\_\_\_\_\_  
**SMU Warden (or designee)**

\_\_\_\_\_  
**Date**

**Date Appeal Sent to Deputy 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. Deputy 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:

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\_\_\_\_\_  
**Deputy Director, Field Operations (or designee)**

\_\_\_\_\_  
**Date**

**Date Appeal Sent to Director, Field Operations:** \_\_\_\_\_  
*(Send within 10 business days of receipt of Appeal)*

**V. Director, Field Operations:**

**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:

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\_\_\_\_\_  
**Director, Field Operations**

\_\_\_\_\_  
**DATE**

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

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*Signature/Date*