

**Tier II Segregated Transition Education Program (Tier II STEP)
30 Day Review Appeal Form**

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

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

II. Appeal of 30-Day Review Hearing

I wish to appeal the decision of the Tier II STEP Classification Committee regarding my 30-Day Review:

REASON FOR APPEAL (submit to the assigned counselor within three (3) Business Days from date of receipt of final 30-Day Review Hearing Form (Attachment 2). Assigned counselor shall forward to the Warden).

Offender's Signature

Date

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

Offender Acknowledgment Appeal Received by Counselor: _____

Signature/Date

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

III. Warden's Review

Warden's Receipt of Appeal: _____ **Warden's Decision on Appeal:**

I ☐ **concur** / ☐ **disagree** with the Tier II STEP Classification Committee's 30-Day Review and the following recommendation(s) has been made in this case:

Warden

Date

IV. Offender Acknowledgment of Appeal: _____

Signature/Date