

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

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

II. Appeal of Tier II STEP Classification Committee 90 Day Review

I wish to appeal the decision of the Tier II STEP Classification Committee 90 Day Review:

REASON FOR APPEAL (submit to the assigned counselor within five (5) Business Days from date 90 Day Review Hearing Form (Atch 4) received, who shall forward to Director, Field Operations).

Offender's Signature

Date

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

Offender Acknowledgment Appeal Received by Counselor: _____

Signature/Date

Date Appeal Sent to Director, Field Operations: _____ *(send within 3 calendar days of receipt of Appeal)*

III. DIRECTOR, FIELD OPERATIONS REVIEW

Date Appeal Received: _____

I **concur** / **disagree** with the Tier II STEP Classification Committee 90-Day Review and the following recommendation(s) has been made in this case:

Director, Field Operations

Date

Date Appeal Sent to Assistant Commissioner for Facilities: _____
(Send within 3 business days of receipt of Appeal)

IV. ASSISTANT COMMISSIONER OF FACILITIES

Date Appeal Received: _____

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

Assistant Commissioner for Facilities

DATE

VI. Offender's Acknowledgment of Final 90 Day Review Appeal Decision

Signature/Date