



APPEAL OF DEPARTMENT VIOLATION PROCESS

Name: _____ DOC number: _____ Arrest/Hearing date: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Case manager/Hearing Officer: _____ Location/Jail: _____

CHECK THOSE THAT APPLY TO YOUR APPEAL (Note: You must specifically identify a problem with one or more of the below listed reasons to appeal).

I am appealing based on:

- A procedural issue** (e.g., you did not have the opportunity to respond to the allegations or call a necessary witness)
- A jurisdictional issue** (e.g., you may object that you were not on supervision at the time you were arrested or that the violation has already been addressed)
- The finding of guilt**
- The sanction imposed**

Describe the reason(s) and/or provide any additional evidence to support your appeal.

If my appeal is granted, the desired outcome is: (Note: The outcome must be something that the Department can provide. For example, the Department cannot change jail policies or procedures.)

This appeal must be in writing and postmarked or hand-delivered to the address listed below within 7 days of your sanction being imposed. The Department will respond to your appeal within 15 business days of its receipt of your appeal. Sanctions are **NOT STAYED** pending the outcome of an appeal.

**APPEALS PANEL
PO BOX 41103
OLYMPIA WA 98504-1103**

NOTE: You have a right to file a personal restraint petition under court rules after the final decision of the Department.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.