Department of Corrections
WASHINGTON STATE

APPEALS PANEL DECISION

Name (Last, First)	DOC number	Date
Cause number(s)	Risk Level Classification	Date of birth

On _____, you were either sanctioned to 1-3 days of confinement or a hearing was conducted for violations of your conditions of supervision/custody.

On _____, your appeal was received in which you requested a review of a sanction or decision of the Hearing Officer. Your appeal is based on:

- ☐ A procedural issue
- ☐ A jurisdictional issue
- ☐ The finding of guilt
- ☐ The sanction imposed

The Appeals Panel has reviewed your appeal request. The panel has reviewed the discovery material and listened to the recording of the hearing, **and therefore** the decision is to:

- ☐ Affirm the hearing decision
- ☐ Modify the sanction as stated below
- ☐ Remand for a new hearing. You will be notified of the hearing date.
- ☐ Reverse the hearing decision
- ☐ Vacate the hearing decision

Comments:

_____

_____

_____

_____

_____

Appeals panel member	Signature	Date
Appeals panel member	Signature	Date
Appeals panel member	Signature	Date

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.

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