

**Massachusetts Department of Correction
Notice of Classification Hearing**

TO: _____
Incarcerated Individual Name and Commitment #

FROM: _____

DATE: _____

RE: Notice of Classification Hearing _____

In accordance with 103 CMR 420, *Classification*, section 8(2)(c), Notice of Hearing “The incarcerated individual shall be provided with at least forty-eight (48) hours advance written notice of the scheduled classification hearing. Notice shall be documented and may be waived by the incarcerated individual in writing.”

As such, you are hereby notified that a classification hearing has been scheduled for you on:

_____ at _____.
Date Time

Signed: _____ Date: _____

Witness: _____ Date: _____

I, _____ waive my (48) hour notification of my classification hearing.

Signed: _____ Date: _____

Witness: _____ Date: _____

Incarcerated Individual Placement Request / Appeal Form

Name: _____ Comm.#: _____ Date: _____

Institution: _____ Date of hearing/board: _____

Check One☐

Initial

☐**Check At least One**

Appeal

☐

Education/Vocational Hold

☐

Reclassification

☐

Support/recommendation

☐

Subsequent Review

☐

Waive appeal process

Where an incarcerated individual is not in agreement with the classification board recommendation, wishes to support a recommendation made or wishes to waive the appeal process, the incarcerated individual or a legal representative may submit such within five business days of written notification of the board's recommendation utilizing the Incarcerated Individual Placement Request/Appeal Form. The Incarcerated Individual Placement Request/Appeal Form shall be submitted to the incarcerated individual's assigned Correctional Program Officer or classification representative. Upon receipt of the Incarcerated Individual Placement Request/Appeal Form, the Correctional Program Officer shall enter the information into IMS, if available.

Incarcerated individuals in an education/vocation program may request to voluntarily remain at a higher level of security to complete a long term educational or vocational program they are currently enrolled in.

I believe I should be placed at: _____

for the following reasons: _____

Submitted by: _____

Appeal is to be no longer than 4000 characters due to IMS limitations.

To be completed by assigned CPO or classification representative:

Assigned CPO: _____

Date of Hearing/Board _____ Date Rec'd by CPO: _____

To be completed by Superintendent/designee or Commissioner / Designee where IMS is unavailable:

This request / appeal is:

Approved: _____ Denied: _____ Modified: _____

By: _____ Date _____

Massachusetts Department of Correction
Notice of Classification Hearing for Lifers Who Committed Their Crime Before the Age of
Twenty One (21)

*Form specifically for those whose hearing is considering minimum custody consistent with 103
CMR 420, Classification.

TO: _____
Incarcerated Individual Name and Commitment #

FROM: _____

DATE: _____

RE: Notice of Classification Hearing

In accordance with 103 CMR 420 Classification, section 8(2)(c), Notice of Hearing "The incarcerated individual shall be provided with at least forty-eight (48) hours advance written notice of the scheduled classification hearing. Notice shall be documented and may be waived by the incarcerated individual in writing."

As such, you are hereby notified that a classification hearing has been scheduled for you on:

_____ at _____.
Date Time

Signed: _____ Date: _____

Witness: _____ Date: _____

I, incarcerated individual _____ waive my (48) hour
notification of my classification hearing.

Signed: _____ Date: _____

Witness: _____ Date: _____

I, incarcerated individual _____ waive the audio
recording and transcript of my classification hearing.

Signed: _____ Date: _____

Witness: _____ Date: _____

Massachusetts Department of Correction
Placement Request/Appeal Form for Lifers Who Committed Their Crime Before the Age
of Twenty One (21)

*Form specifically for those who are eligible for minimum security due to having a minimum-security Objective Point Base Score and not having any applicable minimum-security restrictions.

Incarcerated Individual Name: _____ Comm.#: _____ Date: _____

Institution: _____ Date of Hearing/Board: _____

Check One:

- ☐ Appeal ☐ Support/Recommendation ☐ Waive Appeal Process
☐ Educational/Vocational Hold

Where an incarcerated individual is not in agreement with the classification board recommendation, wishes to support a recommendation made or wishes to waive the appeal process, the incarcerated individual or a legal representative may submit such within fifteen (15) business days of written notification of the board's recommendation utilizing the Placement Request/Appeal Form for Lifers Who Committed Their Crime Before the Age of Twenty One (21). The Placement Request/Appeal Form for Lifers Who Committed Their Crime Before the Age of Twenty One (21) shall be submitted to the incarcerated individual's assigned Correctional Program Officer or classification representative. Upon receipt of the Placement Request/Appeal Form for Lifers Who Committed Their Crime Before the Age of Twenty One (21), the Correctional Program Officer shall enter the information into IMS, if available. Incarcerated individuals in an education/vocation program may request to voluntarily remain at a higher level of security to complete a long term educational or vocational program they are currently enrolled in.

I believe I should be placed at: _____

for the following reasons: _____

Submitted by: _____

Appeal is to be no longer than 4000 characters due to IMS limitations.

To be completed by assigned CPO or classification representative:

Assigned CPO: _____

Date of Hearing/Board: _____ Date Rec'd by CPO: _____

To be completed by Commissioner/Designee (420.08) where IMS is unavailable:

- ☐ Approved ☐ Denied ☐ Modified

By: _____ Date: _____