## Massachusetts Department of Correction Notice of Classification Hearing

TO:								
	Incarcerated Indiv	ent #	:					
FROM:								
DATE:								
RE:	Notice of Classifi	Notice of Classification Hearing						
incarcerated notice of the by the incarc	ce with 103 CMR individual shall be escheduled classific cerated individual in a are hereby notified	e provided with at cation hearing. Not writing."	least fo	rty-e l be	ight (4 docum	8) ho	ours advance and may b	e written e waived
		at						
	Date		Time					
Signed:				_	Dat	e:		
Witness:				_	Dat	e:		
I, classification	n hearing.		waive	my	(48)	hour	notification	of my
Signed:				_	Dat	e:		
Witness:				<del>-</del>	Dat	e:		

## Massachusetts Department of Correction Incarcerated Individual Placement Request/Appeal Form

Incarcerated Individual Name: Institution:				Comm.#:	Date:		
				Date of Hearing	Date of Hearing/Board:		
Checl	c One:		Che	eck One:			
	Initial			Appeal			
	Reclassification			Support/Recom	mendation		
	Subsequent Review	V		Waive Appeal F	rocess		
recomproce (5) b Incar Place assign Incar Office	nmendation, wishes ess, the incarcerated usiness days of ward cerated Individual ment Request/App ned Correctional Pr	to supp l individ ritten n Placem eal For rogram ( Placen formatio	ort a recomn lual or a lega otification of ent Request/ m shall be Officer or cla nent Reques on into IMS, i	nendation made or all representative mediation the board's recomplete the board's recomplete to the sification represent the property of the board of the favailable.	n the classification board wishes to waive the appeal ay submit such within five ommendation utilizing the le Incarcerated Individual incarcerated individual's ntative. Upon receipt of the he Correctional Program		
1 bene	eve i should be place	u at:			_		
for th	e following reasons:						
	itted by:						
Appe	al is to be no longer	than 4,	000 character	rs due to IMS limit	ations.		
To be	completed by assig	ned CP	O or classific	ation representativ	e:		
Assig	ned CPO:						
Date of Hearing/Board:				Date Rec'd by (	Date Rec'd by CPO:		
	e completed by Sup e IMS is unavailable		dent/Designee	e (420.09) or Com	nissioner/Designee (420.08)		
This 1	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 who are eligible for minimum-security due to having a minimum-security Objective Point Base Score and not having any applicable minimum-security restrictions.

TO:			
	Incarcerated Individual Name and Comm	nitment #	
FROM:			
DATE:			
RE:	Notice of Classification Hearing		
incarcerated notice of the	nce with 103 CMR 420 Classification, sed individual shall be provided with at least ne scheduled classification hearing. Notice streeted individual in writing."	t forty-eight $(48)$	hours advance written
As such, yo	ou are hereby notified that a classification hea	aring has been sch	eduled for you on:
	Date at at	ne	<b>→</b>
Signed:		Date: _	
Witness:		Date: _	
	ated individual n of my classification hearing.		waive my (48) hour
Signed:		Date:	
Witness:		Date:	
	rated individualnd transcript of my classification hearing.		waive the audio
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.

Incar	cerated Individu	al Name:		Comm.#:	Date:	
Instit	ution:			Date of Heari	ng/Board:	
	k One: ppeal	□ Support/I	Recommendat	ion □Wa	ive Appeal Process	
recor proce fiftee the I Age of Their indiv recei Before	mmendation, witess, the incarce (15) business Placement Required Twenty One r Crime Before vidual's assigned pt of the Place	ishes to supperated indivision of writest/Appeal I (21). The Place the Age of Correction ment Requestrant	ort a recomnidual or a letten notificate form for Life acement Request Twenty One al Program of the (21), the C	nendation made egal representation of the boarders Who Commituest/Appeal Fore (21) shall be story or classion for Lifers V	with the classification wishes to waive the commendation of the commendation of the committed of the incapitation representation of the committed of the commit	ne appeal th within utilizing efore the ommitted arcerated ve. Upon ir Crime
I beli	eve I should be p	placed at:				
for th	ne following reas	ons:				
Subn	nitted by:					
Appe	eal is to be no lo	nger than 40	00 characters	s due to IMS lim	itations.	
To b	e completed by	assigned CP	O or classifica	ation representa	tive:	
Assig	gned CPO:					
	of Hearing/Boar				y CPO:	
To b	e completed by	Commission	er/Designee (	420.08) where IN	AS is unavailable:	
□ By: _	Approved		Denied	☐ Modified Date:		

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