

**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: \_\_\_\_\_

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

Incarcerated Individual Name: \_\_\_\_\_ Comm.#: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Date of Hearing/Board: \_\_\_\_\_

Check One:

- Initial
- Reclassification
- Subsequent Review

Check One:

- Appeal
- Support/Recommendation
- 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 (5) 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.**

I believe I should be placed at: \_\_\_\_\_

for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

**Appeal is to be no longer than 4,000 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 (420.09) or Commissioner/Designee (420.08) 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 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 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

**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.**

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: \_\_\_\_\_