

Inmate Placement Request / Appeal Form

Inmate Name: _____ Comm.#: _____ Date: _____

Institution: _____ Date of hearing/board: _____

Check One

☐

Initial

Check One

☐

Appeal

☐

Reclassification

☐

Support/recommendation

☐

Status Review

☐

Waive appeal process

Where an inmate is not in agreement with the classification board recommendation or classification status review results, wishes to support a recommendation made or wishes to waive the appeal process, the inmate or a legal representative may submit such within five business days of written notification of the board's recommendation utilizing the Inmate Placement Request/Appeal Form. The Inmate Placement Request/Appeal Form shall be submitted to the inmate's assigned Correctional Program Officer or classification representative. Upon receipt of the Inmate 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 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 (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 Juvenile Lifer Classification Hearing

*Form specifically for those being considered for minimum custody only.

TO: _____
Inmate 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 inmate 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 inmate 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, inmate _____ waive my (48) hour notification of my classification hearing.

Signed: _____ Date _____

Witness: _____ Date: _____

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

Signed: _____ Date _____

Witness: _____ Date: _____

Juvenile Lifer Placement Request / Appeal Form

*Form specifically for those being considered for minimum custody only

Inmate Name: _____ Comm.#: _____ Date: _____

Institution: _____ Date of hearing/board: _____

Check One

☐

Appeal

☐

Support/recommendation

☐

Waive appeal process

Where an inmate is not in agreement with the classification board recommendation or classification status review results, wishes to support a recommendation made or wishes to waive the appeal process, the inmate or a legal representative may submit such within fifteen business days of written notification of the board's recommendation utilizing the Juvenile Lifer Placement Request/Appeal Form. The Juvenile Lifer Placement Request/Appeal Form shall be submitted to the inmate's assigned Correctional Program Officer or classification representative. Upon receipt of the Juvenile Lifer 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 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:

This request / appeal is:

Approved: _____ Denied: _____ Modified: _____

By: _____ Date _____