Alaska Department of Corrections

Prisoner ADA Accommodation Review Form

DOC Institutional ADA Coordinator:
1. Date prisoner most recently returned to DOC custody: __________________________
2. Date prisoner was last released from DOC custody: __________________________
3. Reinstated accommodation(s) discussed with prisoner on (date): ________________
4. Resources consulted as part of review process: __________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
5. Review Recommendation: Continue Accommodation: [ ] Discontinue Accommodation: [ ]
6. Recommendation Justification: ________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

DOC Institutional ADA Coordinator Printed Name: _____________________________
Work Telephone: _____________________________
Signature: _____________________________
Date: _____________________________

DOC Prisoner ADA Coordinator:
Recommendation: _____________________________
___________________________________________
___________________________________________
___________________________________________

DOC Prisoner ADA Coordinator Printed Name: _____________________________
Work Telephone: _____________________________
Signature: _____________________________
Date: _____________________________

Commissioner: (If reinstated accommodation is discontinued.)
Determination: _____________________________
___________________________________________
___________________________________________
___________________________________________

Signature: _____________________________
Date: _____________________________

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