

Application For Restoration of Forfeited Statutory Good Time

Prisoner's Name:	Institution:
OBSCIS No.	Application Date:

Date of most recent disciplinary infraction for which I have been found guilty is \_\_\_\_\_.  
The infraction was a \_\_\_Minor \_\_\_ Low Moderate \_\_\_ High Moderate \_\_\_ Major Infraction.

The amount of good time I have forfeited as of this date is \_\_\_\_\_ days.

I have gone \_\_\_\_\_ days since being found guilty of the disciplinary infraction listed above.

In accordance with departmental policy, I am now eligible for restoration of up to 100 percent of my previously forfeited good time.

\_\_\_\_\_  
Applicant Prisoner's Signature

Staff verification and recommendation:

I have reviewed the applicant's case record and have verified that:

1. The applicant meets the minimum period of clear conduct for eligibility for restoration of previously forfeited good time.
2. Based upon the factors listed in departmental policy 809.07, Restoration of Forfeited Statutory Good Time, section VII. B.1., I recommend that the application be \_\_\_approved \_\_\_ denied for the following reasons:

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\_\_\_\_\_  
Reviewing Staff Member's Signature/Title

\_\_\_\_\_  
Date

**DISTRIBUTION:**

Original: Applicant Prisoner

Copies to: Prisoner's Case Record  
Records Officer  
Classification

Superintendent's Decision:

\_\_\_ Approved \_\_\_ Denied \_\_\_ Other (See Below)

Amount of Good Time Restored \_\_\_ days. Date Restoration is effective \_\_\_\_\_.

Justification: Must state factual basis for each specific factor under DOC Policy & Procedure 809.07, Restoration of Forfeited Good Time section VII. B.1. that supports the decision).

Multiple horizontal lines for providing justification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature\*

\* or Chief Classification Officer  
for prisoners housed outside Alaska

Director's Final Decision:

\_\_\_ Approved \_\_\_ Denied \_\_\_ Other (See Below)

Amount of Good Time Restored \_\_\_\_\_ days. Date Restoration is effective \_\_\_\_\_.

NOTE: If denied you may re-apply under this policy on or after \_\_\_\_\_.  
Date

Justification/Comments:.

Multiple horizontal lines for providing justification or comments.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Institutions

BACK