Application For Restoration of Forfeited Statutory Good Time

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<th>Prisoner's Name:</th>
<th>Institution:</th>
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<td>OBSCIS No.</td>
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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:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

__________________________________________
Reviewing Staff Member's Signature/Title

________________________
Date

DISTRIBUTION:

Original: Applicant Prisoner
Copies to: Prisoner's Case Record
Records Officer
Classification
FORM 20-809.07 (A) Rev. 05/92
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).

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Date Superintendent's Signature*  

* or Chief Classification Officer for prisoners housed outside Alaska

______________________________________________________________________________________________

Date Director of Institutions

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:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

______________________________ ______________________________________________________________________

Date Director of Institutions