STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Electronic Monitoring Appeal Form

DATE: _____ **Institution:** _____

TO: Chief Probation Officer or Designee

FROM OFFENDER NAME: _____ **OFFENDER #:** _____

RE: Electronic Monitoring Denial / Appeal

Appeal Due Date: _____

Appeal Received By: _____ **Date/Time:** _____

Appeal Statement: (If more space is needed use back of this sheet or use additional paper.)

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Decision on Appeal:

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Signature / Printed Name: Date:

_____

Title: