

STATE OF ALASKA DEPARTMENT OF CORRECTIONS

Electronic Monitoring Appeal Form

DAT	E: Institution:		
TO:	Chief Probation Officer or Designee		
OFFENDER NAME:		OFFENDER #:	
RE:	Electronic Monitoring Appeal (choose one): EM Denia	EM Return/Termination	
App	eal Due Date:		
	eal Received By:		
Appe	eal Statement: (If more space is needed use back of this sheet or us	e additional paper.)	
	nder Signature	Date	
Decis	sion on Appeal:		
Ciarri	ature / Printed Name Title	Data	
Signa	nuit / fimeu name 1tte	Date	

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