Electronic Monitoring Appeal Form

DATE: _________________ Institution: ______________________________

TO: Chief Probation Officer or Designee

OFFENDER NAME: __________________________ OFFENDER #: __________

RE: Electronic Monitoring Appeal (choose one): ☐ EM Denial ☐ EM Return/Termination

Appeal Due Date: __________________________

Appeal Received By: _________________________ Date/Time: ______________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Offender Signature Date

Decision on Appeal:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature / Printed Name Title Date

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