DR# _____

DISCIPLINARY HEARING APPEAL

Facility:	Date:	Time:
Youth's Name:	Hearing Date:	Time:

STEP 1: FOR YOUTH TO COMPLETE:

Why do you think the findings of your disciplinary hearing should be overturned?

Youth's Signature: _____ Date: _____

STEP 2: FOR DIRECTOR TO COMPLETE:

Date Received: _____ Time Received: _____

Findings:

☐ Denied ☐ Granted ☐ Modified as follows:

Justification for findings:

Director's Signature: _____ Date: _____ Time: _____

STEP 3: FOR YOUTH TO COMPLETE:

Date Received: _____ Time Received: _____

Do you want to appeal the Director's decision to the Commissioner (or designee)? ☐ Yes ☐ No

Youth's Signature: _____ Date: _____ Time: _____

STEP 4: FOR COMMISSIONER OR DESIGNEE TO COMPLETE:

Date Received: _____

Findings:

☐ Denied ☐ Granted ☐ Modified as follows:

Comments:

Date returned to youth: _____

Commissioner's (or designee's) Signature: _____ Date: _____