

Appeal of Administrative Hearing Form

Name				ODOC Number		
County of Conviction				Sentencing Judge		
Offense		CRF Number		Date of Sentence		
County of Supervision				Supervising Officer		

The above listed individual was sentenced as outlined and has been found to have violated the terms and conditions of his/her sentence. In accordance with 22 O.S. § 991b., and subsequent to an administrative hearing, the following violations were found to have occurred and the following sanctions were recommended:

Violation(s): _____

Intermediate Sanctions
Recommended: _____

Intervention
Recommended _____

Now, pursuant to paragraph B.2 of 22 O.S. § 991b, I, _____, wish to appeal the finding(s) and/or sanction(s) of my hearing.

Reason for Appeal: _____

(Additional pages may be attached if necessary)

Respectfully submitted this ____ day of _____, 20__.

Signature

Witness for the State:

Probation Officer

Phone Number