

STATE OF ALASKA DEPARTMENT OF CORRECTIONS

Electronic Monitoring Appeal Form

DATE:	li	nstitution:	
TO:	Chief Probation Officer or D	esignee	
OFFENDER NAME:		OFFENDER #:	
RE:	Electronic Monitoring Appe	al (choose one): 🗌 EM Denial	EM Return/Termination
Appea	Due Date:		
Appeal Received By:		Date/Time:	
<u>Appeal</u>	Statement: (If more space is ne	eded use back of this sheet or use a	additional paper.)
Offende	er Signature		Date
Decisio	n on Appeal:		
Signatu	re / Printed Name	Title	Date