

**State of Florida
Department of Corrections
Protection Waiver/Appeal Decision**

I. Waiver

I, _____, DC# _____, do hereby request to be released from administrative confinement pending protection. I am not in fear and do not feel that I need protection at this time.

I am making this request of my own free will and I am not being coerced by anyone into making this request.

Inmate's Signature

Date

Witness's Signature

Date

II. Appeal

I acknowledge that I have been informed that the State Classification Office has denied my request for protection.

I do not want to appeal the State Classification Office decision to the Office of the Secretary. I understand I will be released from administrative confinement as a result of this decision.

I do want to appeal the State Classification Office decision to the Office of the Secretary. I understand that I have 15 days to file this appeal pursuant to Chapter 33-103, F.A.C. I further understand that I will remain in administrative confinement until the appeal process is complete and if I have not filed within 15 days, I will be released from administrative confinement to open population.

Inmate's Signature

Date

Witness's Signature

Date

To be filed in the inmate record