

NOTIFICATION OF PM DISAPPROVAL  
\_\_\_\_\_ Correctional Institution

INMATE NAME: \_\_\_\_\_ DC#: \_\_\_\_\_ PREV LOC/HOUS/JOB: \_\_\_\_\_ HOUS: \_\_\_\_\_ P.O. BOX: \_\_\_\_\_  
SCO MEMBER: \_\_\_\_\_  
DECISION: \_\_\_\_\_

INSTRUCTIONS TO INMATE:

THE STATE CLASSIFICATION OFFICE HAS DETERMINED THAT PROTECTIVE MANAGEMENT IS NOT NECESSARY FOR YOU. THIS IS YOUR NOTIFICATION THAT YOU MAY APPEAL THIS DECISION DIRECTLY TO THE OFFICE OF THE SECRETARY PURSUANT TO RULE 33-103.011 AND 33.103.011.

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'S 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'S DECISION TO THE OFFICE OF THE SECRETARY. I UNDERSTAND THAT I HAVE 15 DAYS TO FILE THIS APPEAL PURSUANT TO CHAPTER 33-29 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 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ICT CHAIR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ICT MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ICT MEMBER SIGNATURE

\_\_\_\_\_  
DATE

-- FILE IN INMATE RECORDS --