Application Denial Appeal

If you disagree with the visit denial or denial to send money, you may appeal the decision to the facility by completing this form and, fully explaining why you are appealing. Mail the completed form to the appropriate facility listed below. *(Please send applications for Dawson County, Crossroads and Riverside to Montana State Prison)*:

**Montana State Prison Montana Women’s Prison Pine Hills Correctional Facility**

Associate Warden of Security Associate Warden of Operations Associate Warden of Security

400 Conley Lake Road 701 South 27th Street 4 North Haynes Ave.

Deer Lodge, MT 59722 Billings, MT 59101 Miles City, MT 59301

**Reason for appeal:**

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**Applicant’s Signature**  **Date**

**Response**

Is there sufficient evidence and documentation to support the denial?  **Yes  No**

Is there substantial staff compliance with applicable procedures? **Yes  No**

**Affirm**. I uphold the decision. Visiting status will not change.

**Affirm.** I uphold the decision. Sending money status will not change.

**Dismiss.** I overturn the decision for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Visitation is:**

Approved  Disapproved  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sending money is:**

Approved  Disapproved  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**