Appeal – Funeral attendance / visit to dangerously ill person

I, ________________________________________, currently a prisoner held at (Prisoner Name) ____________________________ request to appeal the decision (Prison) in relation to my application for compassionate leave on ______/______/______ (Date)

I provide the following information addressing the reason for the non-approval of my application for compassionate leave:

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Note: Further information may be attached to this document and/or provided by family / community members

I understand I am ineligible to appeal if the decision was made by the Commissioner of Corrective Services. I also understand that I have the right to one appeal only.

Signed: ___________________________ Date: ______________________

Please provide this appeal document to prison staff

Prison staff: Forward this and any supporting documentation to Sentence Management by way of email (AC-SM-Funerals) or fax (9264 1740).
Approved

Commissioner (or delegated authority as per Policy Directive 9): Heather Harker

Signature: [Signature]

Date: 21 October 2013

Amendment history

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