



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:

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:



Date:

21 October 2013

Amendment history

Version no and description		Approved	Effective date
1	First published	21 October 2013	25 October 2013