

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Receipt of Warden/Managing Official's ARP Response

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Name of Inmate

\_\_\_\_\_  
CL Number

\_\_\_\_\_  
Housing Location

*I, the undersigned, indicate by my signature that I have received the warden's response to ARP Case No. \_\_\_\_\_, received on \_\_\_\_\_.*

\_\_\_\_\_  
Signature of Inmate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

DOC Form 185.0002j (Rev. 9/19)

Appendix L to DOC.185.0002

Receipt of Warden/Managing Official's ARP Response

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