DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Receipt of Warden/Managing Official's ARP Response

			Facility		
Name of Inmate		<u>CL</u> Number		Housing Location	
I, the undersigned, indicate by my sig ARP Case No					
Signature of Inmate	Date	Signature of Staff Witn	ness	Date	
DOC Form 185.0002j (Rev. 9/19)					
Receipt of Wa	 ırden <u>/</u> Managi	ng Official's ARP R	Appendix L to	DOC.185.0002	
			Facility		
Name of Inmate		<u>CL</u> Number	Housi	ng Location	
I, the undersigned, indicate by my signature ARP Case No	_		1		
Signature of Inmate	Date	Signature of Staff Witr	of Staff Witness Date		
DOC Form 185.0002j (Rev. 9/19)					
Receipt of Wa	nrden <u>/</u> Managi	ing Official's ARP R	esponse Facility	_	
Name of Inmate		<u>CL</u> Number	Housi	ng Location	
I, the undersigned, indicate by my sig	gnature that I ha	ve received the warden's r	esponse to		
ARP Case No		received on	·		
Signature of Inmate	Date	Signature of Staff Witn	ness	Date	
DOC Form 185.0002j (Rev. 9/19)					
Receipt of Wa	ırden <u>/</u> Managi	ng Official's ARP R	* *	DOC.185.0002	
			Facility		
Name of Inmate		<u>CL</u> Number	Housi	ng Location	
I, the undersigned, indicate by my sig	gnature that I ha	ve received the warden's r	esponse to		
ARP Case No	,	received on	·		
Signature of Inmate DOC Form 185.0002j (Rev. 9/19)	Date	Signature of Staff Witn	ness	Date	