

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 185.0002jCA (Rev. 9/19)

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