APPEAL TO THE FULL BOARD

You may submit an appeal of a Board Panel decision revoking parole to the full Board if you meet the criteria cited in the Board's Administrative Code (included on the attached form). You can submit an appeal to the full Board using the attached form. In addition to completing the form, you should also submit additional documentation (if available) that supports your contention.

If your appeal meets the criteria cited in the Board's Administrative Code, the Appeals Unit will investigate your claims and refer your case to the full Board to render a decision.

Complete, sign and date the form and submit it to:

NEW JERSEY STATE PAROLE BOARD ATTN: APPEALS UNIT PO BOX 862 TRENTON, NEW JERSEY 08625

All appeals must be in writing and <u>must be filed within</u> <u>ninety (90) days</u> of your receipt of the written Notice of Decision.

Please note that the Board has ninety (90) days to consider your administrative appeal.

You will be advised of the decision rendered on your appeal within fourteen (14) days of the decision being rendered.

NOTE: The Board's regulations do not permit consideration of an administrative appeal based upon a request for leniency.

The full Board's decision regarding your appeal represents a final agency decision. If you disagree with the decision rendered by the full Board, you may appeal the decision to the Superior Court of New Jersey - Appellate Division.

APPEAL TO THE FULL BOARD

NAME:	NUMBER:

Please only check the boxes that apply in your case:

- The Board panel failed to consider material facts or failed to document that clear and convincing evidence indicates that the parolee has seriously or persistently violated the conditions of parole.
- The Board panel failed to demonstrate, in the case of a parolee revoked for other than new criminal convictions, that revocation of parole is desirable.

The Board panel's decision is contrary to written Board policy or procedure.

A Board Member has failed to comply with the Board's Professional Code of Conduct.

On the attached page, please indicate the facts supporting your appeal, based upon what you checked above.

NOTE: The Board's regulations do not provide for appeal based upon a request for leniency. Your appeal must be based upon one of the reasons noted above.

Signature

Date

APPEAL TO THE FULL BOARD

NAME:	NUMBER:

Please attach additional pages, if necessary, as well as any documentation that supports the above contention(s).