

# Request for a review of an adjudication punishment imposed by an independant adjudicator

Name of establishment

Charge No.

This form **cannot** be used to request the review of the finding or decision in a Governor or Director adjudication. If you do want to ask for a review of a Governor or Director adjudication then you must use form DIS8.

## Please read these notes before you complete this form

1. This form is for you to ask for a review (usually known as an appeal) of a punishment and/or non punitive compensation requirement amount imposed by an independent adjudicator.  
  
The reviewer cannot over turn a guilty finding but may:
  - a) Uphold the punishment
  - b) Reduce the number of additional days
  - c) Substitute a less severe punishment and, where a non-punitive compensation requirement has been imposed, vary the amount.
  - d) Quash the punishment entirely
2. You must ask for a review of an independent adjudication within 14 days of the end of the hearing.
3. You can ask for a review of your adjudication without using this form if you wish - for example if you have a solicitor who is handling the review for you.
4. Please write clearly.
5. Sign and date the form and then send it to the Governor or Director who will forward it to the Senior District Judge. Your request will be acknowledged.
6. The Nominated District Judge will then review your adjudication within 14 days. This form will be returned to you with a decision about your request.
7. You have the right to see the evidence considered by the Independent Adjudicator.
8. If you are not satisfied with the outcome of this review or wish to challenge the result then you may contact your legal adviser.

## Your details (Use BLOCK CAPITALS)

Surname/Family name

First name(s)

Prison number

**Your reasons for wanting a review of your adjudication**

(Please continue on a separate sheet if you need to)

Signature

Date

D

D

/

M

M

/

Y

Y

Y

Y

**You will be notified of the outcome of your request in writing within 14 days of the reviewers decision.**

**This section is for official use only**

**Say briefly what action was taken following the review**

**Serial number of review**

**Sentenced to**

**Category**

**Status**

**Release date**

D

D

/

M

M

/

Y

Y

Y

Y

**Ethnicity**

**Location**

**Date received**

D

D

/

M

M

/

Y

Y

Y

Y

**Date acknowledged**

D

D

/

M

M

/

Y

Y

Y

Y

**Date returned to prisoner**

D

D

/

M

M

/

Y

Y

Y

Y

**Outcome of review:**

☐ Rejected    ☐ Allowed

