|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | {todaysDate} | | Date | | |  | | --- | | {displayName} | | Resident Name | | |  | | --- | | {externalId} | | MDOC # | |

This 48 hour notice is provided to inform you of your upcoming review for the following purpose:

**CLASSIFICATION REVIEW**

Initial Classification Review

Annual or Semi-Annual Reclassification Review

Interim Reclassification Review

**Note:** A resident may not decline to attend the initial classification review or an interim reclassification review being held because of a resident request.

The review is scheduled for:

Date Time

This 48 hour notice may be waived by you in writing. If you choose to waive the 48 hour notice, please note below:

I choose to waive the 48 hour notice requirement for this review.

Resident’s signature Date

Unless your behavior warrants otherwise, you are urged to personally attend all reviews. If you decline to attend a reclassification review (other than an interim reclassification review being held because of your request), you may sign the waiver statement below and return this notice to your case manager. Regardless of whether you personally attend or decline to attend a reclassification review, you may submit a written statement for the review and/or ask your case manager to make a statement at the review on your behalf.

I decline to personally appear at my reclassification review.

Resident’s signature Date

Date\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_

Staff’s Signature