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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | {residentName} |  | {mdocNo} | | Date |  | Resident Name |  | 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.

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, 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