FORM ARP-1

NUMBER USP \_\_ 04 \_\_ 163.

## **OFFENDER'S RELIEF REQUEST FORM**

Type or use ball-point pen.

1980

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				Location	
FROM			3	32-C	
				Housing Uni	it
Ľ	Date of Incident				
	iest comes to you from the Leg				from the
offender.	Please return your response to	o this office within	10 days of this	s date.	
REJECTED. Your reque	est has been rejected fo				
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5-13.03					
Date	- V	Legal Claims	Adjudicator		
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OFFENDER'S ORIGINAL

FORM ARP-2

### **MISSISSIPPI DEPARTMENT OF CORRECTIONS**

# NUMBER M5p - 03 - 1313

## FIRST STEP RESPONSE FORM

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 10 days of the date the request was initiated.

TO:	SLC
Offender's Name and Number	Housing Unit
FROM: Person to whom 1st Step is Directed	Dentist/unit 32 Title/Location
This request was filed in Nor	vember of
2000 has been	freated
Since this time. Any further	treatment
This request was filed in Nor 2000 has been since this time. Any further requests can be made throu	gh sick calls.
	9
5-21-03	
Date	Signature

If you are not satisfied with this response, you may go to STEP 2 by filling out the second step section of Form ARP-1 and sending the pink copies of ARP-1 and ARP-2 to the Superintendent. It must be received in the Superintendent's office within 5 days of the date of this response.

**INSTRUCTIONS TO RESPONDENT:** Send original along with STEP 3 and STEP 2 copies to the Legal Clains Adjudicator. Keep Respondent's copy. **NOTE:** A copy of all documents referenced in the response must be attached and returned to the Legal Claims Adjudicator.

**INSTRUCTIONS TO OFFENDER:** This original is for you to keep.

#### OFFENDER'S ORIGINAL