

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL      REG. NO.      UNIT      INSTITUTION

Part A- INMATE REQUEST

\_\_\_\_\_  
DATE      SIGNATURE OF REQUESTER

Part B- RESPONSE

\_\_\_\_\_  
DATE      WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE      CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL      REG. NO.      UNIT      INSTITUTION

SUBJECT: \_\_\_\_\_

\_\_\_\_\_  
DATE      RECIPIENT'S SIGNATURE (STAFF MEMBER)



Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL      REG. NO.      UNIT      INSTITUTION

**Part A - REASON FOR APPEAL**

\_\_\_\_\_  
DATE      SIGNATURE OF REQUESTER

**Part B - RESPONSE**

\_\_\_\_\_  
DATE      REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE      CASE NUMBER: \_\_\_\_\_

**Part C - RECEIPT**

CASE NUMBER: \_\_\_\_\_

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL      REG. NO.      UNIT      INSTITUTION

SUBJECT: \_\_\_\_\_

\_\_\_\_\_  
DATE      SIGNATURE, RECIPIENT OF REGIONAL APPEAL



Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

\_\_\_\_\_  
DATE SIGNATURE OF REQUESTER

Part B—RESPONSE

\_\_\_\_\_  
DATE GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

Part C—RECEIPT

CASE NUMBER: \_\_\_\_\_

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

\_\_\_\_\_  
DATE

USP LVN



\_\_\_\_\_  
SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL