Federal Bureau of Prisons

Freeman

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

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| | LAST NAME, FIRST, MIDDLE INITIAL | REG. NO. | UNIT | INSTITUTION |
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Part A - REASON FOR APPEAL

DATE

Part B - RESPONSE +

SIGNATURE OF REQUESTER

| DATE | | | GENERAL COUNSEL | | |
|---------------|----------------------------------|--------------|-----------------|-------------|--|
| ORIGINAL: | RETURN TO INMATE | CASE NUMBER: | | | |
| Part C - RECH | сірт | CASE NUMBER: | | | |
| Return to:* | LAST NAME, FIRST, MIDDLE INITIAL | REG. NO. | UNIT | INSTITUTION | |
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