

 <p>KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
	CPP 17.4	3
	Date Filed	Effective Date
	August 12, 2016	January 6, 2017
Authority/References KRS 196.035, 197.020, 454.415	Subject ADMINISTRATIVE REMEDIES: SENTENCE CALCULATIONS	

I. POLICY and PROCEDURE

A. REVIEW REQUEST

1. An inmate may request a review or explanation of the method of sentence calculation for the sentences on which he is presently committed to the Department.
2. An inmate confined in a Corrections institution shall direct his request to the Offender Information Services office at the institution where he is presently confined.
3. An inmate confined in a jail or local detention facility shall direct his request to Offender Information Services, Jail Management Section, P. O. Box 2400, Frankfort, Kentucky 40602-2400.
4. The request shall be in writing and shall include:
 - a. the subject matter for which the review is requested,
 - b. a brief statement of the matter to be reviewed, and
 - c. an explanation of the inmate's belief concerning the appropriate calculation of his sentence.

B. RESPONSE

1. Upon receipt of the written request from the inmate, the applicable office, as noted in A above, shall review the inmate record prior to giving a written response.
2. The response shall include:
 - a. an explanation of the method of calculation, and

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b. any statutes applied in the calculation.

3. A written response shall be issued within fifteen (15) working days of the receipt of the inmate's request for review or explanation.

C. APPEAL

1. An inmate confined in a Corrections institution may appeal from the initial written review or explanation given to the Offender Information Services , P.O. Box 2400, Frankfort, Kentucky 40602-2400. The appeal shall be in writing and received within ten (10) days from the date the written response is given. The inmate shall attach a copy of his request for review and the written response with his appeal.

2. Upon receipt of the appeal, the Offender Information Services Branch shall review the request, the written response and the inmate record.

3. The response on appeal shall include:

a. the explanation of the method of calculation, and

b. any statutes applied in the calculation.

4. The response on appeal shall be issued within thirty (30) working days of the receipt of the inmate's request for review.

D. Administrative Remedy for Jail Custody Time Credit

1. Review Request

a. An offender may request in writing a review of the calculation of jail custody time credit applied to his sentence or a review or explanation of the method used to calculate custody time credit for the sentences on which he is presently committed to the Department of Corrections.

b. To request a review, the offender shall mail the request to the Probation and Parole Office in the county in which the inmate was sentenced.

c. The offender request shall include:

(1) The subject matter for which the review is requested,

(2) A brief statement of the matter to be reviewed, and

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- (3) An explanation of the inmate's belief concerning the appropriate calculation of jail custody time credit.

2. Response

- a. The District Supervisor, or designee, shall review the request and prepare a written response. Upon receipt of the written request from the inmate, the District Supervisor, or designee, shall review the offender's record prior to giving a response.
 - (1) The response shall include an explanation of the method of calculation of jail custody time credit, and
 - (2) Whether or not the correct jail custody time credit has been applied to the sentence.
- b. A written response shall be issued within fifteen (15) working days of the receipt of the offender's request for review or explanation.
- c. The written response shall be entered in the offender management system.

3. Appeal

- a. An inmate may appeal the written response concerning custody time credit to the Offender Information Services Branch, Attention: Custody Time Credit Appeal, PO Box 2400, Frankfort, KY 40602-2400.
- b. The appeal response shall include:
 - (1) An explanation of the method of calculation and application, and
 - (2) Any statutes applied in the calculation.
- c. The response on this appeal shall be issued within thirty (30) working days of the receipt of the offender's request for review.

**DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REVIEW FORM
Sentence Calculations**

NAME OF INSTITUTION

_____ INMATE NAME	_____ INMATE NUMBER
_____ UNIT OR HOUSING ASSIGNMENT	

DATE FILED:	DATE DUE:
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SUBJECT MATTER OF REVIEW REQUEST (Select)
Sentence Calculations
<input type="checkbox"/> 1. Sentence Length
<input type="checkbox"/> 2. Parole Eligibility Date
<input type="checkbox"/> 3. Expiration Date
<input type="checkbox"/> 4. Jail Credit
<input type="checkbox"/> 5. Parole Violator Credit
<input type="checkbox"/> 6. Credit for time served in Federal Custody or in Another State
<input type="checkbox"/> 7. Statutory Good Time Loss
<input type="checkbox"/> 8. Statutory Good Time Credit
<input type="checkbox"/> 9. Meritorious Good Time
<input type="checkbox"/> 10. Educational Good Time
<input type="checkbox"/> 11. Detainer
<input type="checkbox"/> 12. Other

BRIEF STATEMENT OF THE PROBLEM:

ACTION REQUESTED:

INMATE'S SIGNATURE

DATE

INSTITUTIONAL OFFENDER INFORMATION SERVICES RESPONSE

DATE RECEIVED _____

STAFF SIGNATURE

DATE

APPEAL

I am _____ or am not _____ satisfied with this response.

[] I WISH TO APPEAL THIS RESPONSE

You must send this form to the following address so that it is received in Frankfort within ten (10) working days:

Department of Corrections
Offender Information Services Branch
P. O. Box 2400
Frankfort, KY 40602

INMATE'S SIGNATURE

INMATE NO.

DATE

