

Room and Board Appeal Form

Polk County Sheriff's Office, Attn: Room and Board
1985 NE 51st Place
Des Moines, IA 50313



Please complete all of the following information and return form to address above:

Name:

Date of Release: Booking ID #:

Date of Birth: SSN:

Current mailing address:

Address

City State Zip Code

Country

Phone # where you can be reached: Additional #:

Email Address:

Reason(s) for Appeal:

- | | |
|--|--|
| <input type="checkbox"/> Eligible Drug Treatment Program while in Jail Custody | <input type="checkbox"/> Deferred Judgement |
| <input type="checkbox"/> Eligible Inmate Worker Credit | <input type="checkbox"/> Expunged Case |
| <input type="checkbox"/> Juvenile while in custody | <input type="checkbox"/> Change in Adjudication Status |
| <input type="checkbox"/> Medical Hardship | <input type="checkbox"/> Financial Hardship |
| <input type="checkbox"/> Other | |

Please explain the reason for your appeal as thoroughly as possible. Attach additional pages if necessary. Include any supporting documentation for your appeal with this form. A lack of supporting documentation may result in the delay or denial of your appeal.

Signature: _____

Date: _____