SEXUAL OFFENDER RISK REVIEW BOARD

WWW.SORRB.GEORGIA.GOV

REQUEST FOR REEVALUATION OF CLASSIFICATION

Full Name of the Offender	
Person Making the Request (Please note if you are an attorney representing the offender)	
Address of Requestor	
Email of Requestor	
Date of Request	
Date of Classification Letter	
SORRB ID # (found on classification letter)	

_____This request is being made within 30 days of the classification letter.

Please accept this as my letter of request for reevaluation of my/my client's risk classification. I understand that if I/my client was just classified, I must submit documentation I would like reviewed as part of the reevaluation within 120 days of the date listed on my/my client's classification notification letter.

I understand that there are no extensions.

Thank you,

_____

Requestor's Signature

Please email this request, in addition to any documentation, to contactsorrb@sorrb.ga.gov. If preferred, you can mail documentation to:

Sexual Offender Risk Review Board
200 Piedmont Ave., SE
Suite 404, West Tower
Atlanta, GA 30334