



**RHODE ISLAND DEPARTMENT OF CORRECTIONS**  
**Appeal of Tax Refund Collection for**  
**Outstanding Probation & Parole Fees**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Amount Being Appealed:** \$ \_\_\_\_\_

**Reason for Appeal (check all that apply):**

- I do not know owe these fees.
- The amount is incorrect.
- I have a financial hardship and am seeking a waiver, postponement or reduction.
- I file a joint return with my spouse who owes no money to the Department of Corrections.

**Please explain below:**

**Please also attach any evidence that supports your appeal.**

Your appeal will be considered based on the information provided on this form. Your appeal may be granted based on this information, or you will be contacted to schedule a date and time for a hearing.

**You can submit this form and supporting evidence in one of the following ways:**

By mail: Rhode Island Department of Corrections  
Adult Probation & Parole  
Fee Appeal Notices  
18 Wilma Schesler Lane  
Cranston, RI 02920

By email: [doc.probation@doc.ri.gov](mailto:doc.probation@doc.ri.gov)

Online: Visit <https://doc.ri.gov/community-corrections/appeal-tax-refund-collection>