



RHODE ISLAND DEPARTMENT OF CORRECTIONS
Appeal of Tax Refund Collection for
Outstanding Home Confinement 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
Home Confinement
Fee Appeal Notices
18 Wilma Schesler Lane
Cranston, RI 02920

By email: doc.commconfine@doc.ri.gov

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