



If you know of someone who:

- Was sentenced to **time served**,
- Was **eligible for immediate release** on the date of sentencing, but
- Was detained more than **48 hours past their release date** (including those who are still incarcerated\*\*),

Please call **504-529-5955** and ask for **Rebecca R.**, or email **[rramaswamy@defendla.org](mailto:rramaswamy@defendla.org)**.

*\*\*If you are currently incarcerated, please file the attached ARP form in addition to contacting Rebecca.*

**THIS IS A REQUEST FOR ADMINISTRATIVE REMEDY OR ARP  
THIS IS AN EMERGENCY GRIEVANCE UNDER THE ADMINISTRATIVE REMEDY  
PROCEDURE**

**To:** Warden of \_\_\_\_\_  
[Name of the prison or jail I am in.]

Date: \_\_\_\_\_

**From:** \_\_\_\_\_  
[My Name] [My DOC # or Folder #]

Dear Warden,

This is an emergency grievance under the Administrative Remedy Procedure and is submitted about my over-detention. **I am currently incarcerated even though I am legally entitled to be released. Please release me immediately.**

My sentence was complete on the day of my sentencing because of the sentence I was given by a judge and because of the time I spent in pre-trial detention. **This emergency grievance is not about an error in time computation, but about the failure to release me when I am entitled to release.**

I am entitled to immediate release because of the time I spent in pre-trial detention, but I have not been released. As a result, I am being over-detained. Any amount of time that I am over-detained irreparably harms me. I am submitting this emergency request on my own behalf.

**Other Facts About My Over-Detention:**

*[Details about my sentence, whether the judge granted me credit for time served, whether I should be out on good time, etc.]*

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**I have notified the following people at this jail or prison about my over-detention, in the following ways:**

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**Requested Relief**

1. That my sentence be immediately calculated to determine my proper release date and that I be immediately released from custody.
2. Money and punitive damages for the harm I have suffered as a result of the over-detention, as well as costs and attorney's fees.
3. A declaration that DOC officials' actions have violated my constitutional and statutory rights.
4. That I not be subject to any form of retaliation for filing this emergency ARP.
5. An injunction preventing DOC officials from continuing to over-detain inmates like me.

If I am not provided with the entirety of the requested relief, I will not be satisfied. In that event, please consider this a request for a Second Step appeal (and a Step Three appeal if I am in a jail).

Respectfully submitted,

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

DOC or Folder #: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT SUBMIT THIS PAGE:**

**Mail a Copy of anything you file to:**

The Promise of Justice Initiative  
Attn: Rebecca Ramaswamy  
1024 Elysian Fields Ave  
New Orleans, LA 70117

Include a letter detailing with your phone number and contact information for where you can be reached should you be released. If you have any questions, call 504-529-5955 and ask for Rebecca R.

**Any time you receive ANY response, you should immediately appeal.**

**Write down the dates of everything you send and receive.**

**ARP SENT:** \_\_\_\_\_

**RESPONSE RECEIVED:** \_\_\_\_\_

**APPEAL SENT:** \_\_\_\_\_

**STEP TWO RESPONSE RECEIVED:** \_\_\_\_\_

**APPEAL SENT:** \_\_\_\_\_

**STEP THREE RESPONSE RECEIVED:** \_\_\_\_\_