



DISCIPLINARY HEARING NOTICE/ APPEARANCE WAIVER

Infraction group number: _____

Name DOC number Facility Date

Type of review Disciplinary Hearing location Hearing time Hearing date

Reason(s) for hearing: _____

RIGHTS

You have the right to: A fair and impartial hearing, and written notice of the alleged violation(s), and a summary of the supporting evidence at least 24 hours prior to the hearing.

- You may waive the 24 hour notice and be present or waive your presence at the hearing.
- You have the right to testify or remain silent at the hearing. If you choose to remain silent, your silence may be used against you and the hearing decision will be based on the evidence presented.
- You may request a Department advisor. Requested Waived
- You may request a certified sign language interpreter if you are hearing impaired. Requested Waived
- You may request an interpreter if you are unable to read, speak, or understand English. Requested Waived
- You may call witnesses and present documentary evidence, though the hearing officer may exclude witnesses/evidence deemed irrelevant, duplicative, or unnecessary; and/or unless it is determined by the hearing officer that doing so would be unduly hazardous to facility safety or security.
- You have the right to propose questions for the hearing officer to ask witnesses, although the hearing officer may exclude questions deemed irrelevant, duplicative, or unnecessary.
- You have the right to appeal the decision and/or sanctions to the Superintendent within 15 business days of the hearing officer's decision.
- You do not have a right to cross examine witnesses, have reporting staff member(s) present at the hearing, have a polygraph or other supplemental test(s), Examine physical evidence, or receive confidential information.
- You will not be provided access to view video (evidence), nor have access to audio from the offender phone system.
- If you are under Indeterminate Sentence Review Board jurisdiction and within 60 days of an established release date, a guilty finding could result in the cancellation of your release date.
- Criminal charges may be pending. Anything you say may be used against you in a court of law.

Status of criminal charges: None Unknown Pending in County _____ Charges _____

EMPLOYEE/CONTRACT STAFF/INCARCERATED WITNESSES

Name	Title/Position or DOC number	Statement	Witness
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

I, _____, DOC # _____ waive my right to the required 24 hour notice before the hearing and authorize the Disciplinary Hearing Officer to make a disposition/decision regarding the information and evidence presented as it pertains to my particular situation.

I, _____, DOC # _____ waive my right to appear at the hearing. I understand the hearing will be held in my absence.

I have received a copy of this form and any attachments.

Incarcerated individual/witness Signature Time Date

Employee Signature Time Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Imaging file/Central file **COPY** - Hearing Officer, Incarcerated individual