



DISCIPLINARY HEARING NOTICE/APPEARANCE WAIVER
AVISO DE AUDIENCIA DISCIPLINARIA/
RENUNCIA DE COMPARECENCIA

Infraction Group Number: _____

Offender name, DOC number, Facility, Date, Type of review, Hearing location, Hearing time, Hearing date, Reason(s) for hearing

OFFENDER RIGHTS/DERECHOS DEL INTERNO (A)

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.

- Checkboxes for rights: You may waive the 24 hour notice, You have the right to testify or remain silent, You may request a Department advisor, You may request a certified sign language interpreter, You may request an interpreter if you are unable to read, speak, or understand English, You may call witnesses and present documentary evidence, You have the right to propose questions for the hearing officer to ask witnesses, 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, 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.

**EMPLOYEE/CONTRACT STAFF WITNESSES/ OFFENDER /
TESTIGOS DEL PERSONAL EMPLEADO/CONTRATISTA/INTERNO**

Name <i>Nombre</i>	Title/Position or DOC number <i>Título/Posición o Número DOC</i>	Statement <i>Declaración</i>	Witness <i>Testigo</i>
		<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"/>
		<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.
Yo, _____, Num DOC _____ renuncio a mi derecho de ser notificado 24 horas antes de la audiencia y autorizo al Funcionario de Audiencia Disciplinaria tomar una disposición/decisión en cuanto a la información y pruebas presentadas como sea pertinente a mi caso individual.
- I, _____, DOC # _____ waive my right to appear at the hearing. I understand the hearing will be held in my absence.
Yo, _____, Num DOC _____ renuncio a mi derecho de asistir a la audiencia. Entiendo que la audiencia se llevará a cabo en mi ausencia.

**I have received a copy of this form and any attachments.
He recibido una copia de este formulario y documentos adjuntos.**

_____	_____	_____	_____
Offender/witness/ <i>Interno/Testigo</i>	Signature/ <i>Firma</i>	Time/ <i>Hora</i>	Date/ <i>Fecha</i>
_____	_____	_____	_____
Employee/ <i>Empleado</i>	Signature/ <i>Firma</i>	Time/ <i>Hora</i>	Date/ <i>Fecha</i>

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. Upon completion, the data classification category may change.
El contenido de este documento puede calificar para la revelación pública. Se consideran confidenciales los números de seguro social y se eliminarán en caso de tal petición. Este formulario queda gobernado por la Orden Ejecutiva 00-03, RCW 42.56 y RCW 40.14. Una vez concluido, la categoría de clasificación de datos puede cambiar.

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