

RULE and CONDITION VIOLATION APPEAL FORM

Date: _____ Assigned Probation and Parole Region: _____

Name: _____ ODOC Number: _____

Date of Rule Violation: _____ Date of Hearing: _____

Rule and Condition Violation: _____

Appeal Form Sent To: _____ Title: _____

You must file your appeal to the deputy director within 15 days of receipt of ODOC form "Program Rule and Condition Violation Hearing Action" (OP-161001, Attachment C), notifying you of the finding that you did violate the rules and conditions of the program. The appeal is a due process review and you are limited to those grounds below. You must identify which ground is the basis for your appeal. Any alleged failure to strictly follow department policy and procedures is not grounds for appeal. You may use the back side of this form, and if necessary, no more than one 8 1/2" x 11" page as an attachment. Do not attach copies of ODOC or probation and parole region procedures or administrative memoranda, cases from law books, or any department publication. Any issue not raised is waived. Appeals will be submitted in blue or black ink. Do not use highlighters. Do not write in the margins of this form.

You cannot appeal the decision to remove you from the program on this form. To do so, you may file a grievance utilizing the form found in OP-090124 entitled "Inmate/Offender Grievance Process."

"I understand that in accordance with OP-060125 entitled "Inmate/Offender Disciplinary Procedures", I will be charged \$2 to submit an appeal to the Administrative Review Authority, and that this form is also a request for disbursement of funds from my trust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become available."

GROUND FOR APPEAL:

A. I was not:

1. provided written notice of the rule and condition violation
2. provided at least three working days to prepare
3. provided copies of evidence and/or reports (except confidential testimony/evidence)
4. permitted the opportunity to present relevant witness/witnesses, submit relevant witness statements or relevant documentary evidence
5. permitted the opportunity to confront and cross-examine my accuser
6. permitted to attend the hearing
7. provided a hearing officer who had no direct involvement in the alleged violation

B. There was no:

1. written statement of the evidence utilized for the finding by the hearing officer
2. evidence
3. determination of the reliability of the confidential witness testimony
4. staff representative assigned or attorney allowed (if applicable)

Date Sent

Signature of Inmate/Offender

RULE and CONDITION VIOLATION APPEAL FORM

Appeal # _____

I. Name of Inmate/Offender _____ ODOC# _____

Rule and Condition Violation _____

Violation Date _____ Hearing Date _____

II. Due Process Review:

1. Inmate/Offender provided written notice of the rule and condition violation
2. Inmate/Offender provided at least three working days to prepare
3. Inmate/Offender provided copies of evidence and/or reports (except confidential testimony/evidence)
4. Inmate/Offender permitted the opportunity to present relevant witnesses in person, by telephone or by statement
5. If witnesses were not allowed, is there appropriate discretionary action documenting the reason
6. Inmate/Offender permitted to present documentary evidence
7. Inmate/Offender permitted the opportunity to confront and cross-examine
8. his/her accuser
9. Inmate/Offender permitted to attend hearing. If not, is there documentation as to why not?
10. Is there an accurate written finding by the hearing officer as to the facts and evidence used
11. Was there confidential testimony utilized and was the reliability of the witness
12. verified by the hearing officer
13. Is there "any/some" evidence to support the finding
If applicable, was a staff representative assigned or was an attorney present
No direct involvement by the disciplinary hearing officer in the alleged rule violation

Finding/Issues: _____

Reviewer's Printed Name and Signature _____ Date: ___/___/___

III. Facility Head Action:

1. Affirm 2. Dismissed 3. Order Rehearing 4. Modified

Printed Name and Signature _____ Date: ___/___/___

IV. I have received a copy of the due process review. If affirmed, to complete my final appeal, I must forward my appeal to the Administrative Review Authority no later than 15 days after receiving this due process review.

V. Inmate's/Offender's Signature and Number _____ Date: _____

Staff Witness _____ Date: _____

Original: Commitment Document Folder

First Copy: Field File

Second Copy: Inmate/Offender