#### DISCIPLINARY HEARING REPORT
(Class X or Violation Involving Restitution)

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<th>I.</th>
<th>Name of Facility</th>
<th>Facility Code</th>
<th>Date of Violation</th>
<th>Name of Inmate</th>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Violation</th>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Violation Code</th>
<th>Class of Offense</th>
<th>Hearing Date</th>
<th>ODOC #</th>
<th>Time</th>
<th>Place</th>
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II. I understand that I waive the opportunity of this case being appealed if I plead guilty to this offense.

Inmate’s Name ___________________________ ODOC # __________

PLEA: 1. Guilty _______ 2. Not Guilty _______ Inmate’s Initials _______

Confidential Statements: I have independently reviewed the reliability statement and have found that it sufficiently supports the reliability of the confidential witness statement(s).

Disciplinary Officer’s Signature ___________________________

III. Finding

1. Guilty ___________ 2. Not Guilty ___________

Evidence relied on for finding of Guilt: (include a brief description of the offending behavior)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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IV. Discipline Imposed: Sanction Code Suspension

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Basis for discipline imposed: ________________________________________________

Disciplinary Officer Printed Name and Signature ____________________________

V. As a result of conviction for subsequent offense prior to expiration of the suspended punishment, the previous suspended punishment is hereby revoked: to run consecutive to the new punishment.

Previous Violation: ________________________________________________________

Previous Punishment: 1. __________________ 2. __________________ 3. __________________

Date of Imposition: ___/___/____

Facility Head Review ______ Affirm ______ Dismissed ______ Modified ______ Order for re-hearing ______

Date ___/___/____ Signature ________________________________________________

(If more than 60 earned credits are revoked) Director of Institutions ______ Approve ______ Deny ______

Date ___/___/____ Signature ________________________________________________

VI. I have received a copy of the disposition. Date ___/___/____

Inmate’s Signature and ODOC # ____________________________

ORIGINAL: Commitment Document Folder
FIRST COPY: Field File
SECOND COPY: Inmate
THIRD COPY: Records

DOC 060125C (R 01/22)