

DISCIPLINARY HEARING REPORT
(Class X or Violation Involving Restitution)

I. Name of Facility _____ Facility Code _____ Date of Violation ___/___/___
Name of Inmate _____
Last Name _____ First Name _____ M.I. _____
Violation _____ Violation Code _____ Class of Offense _____
Hearing Date ___/___/___ ODOC # _____ Time _____ Place _____

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 _____ Inmate's Initials _____ 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)

IV. Discipline Imposed:	Sanction	Code	Suspension
	_____	_____	_____ for _____ days
	_____	_____	_____ for _____ days
	_____	_____	_____ for _____ days
	_____	_____	_____ for _____ days

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 # _____