DISCIPLINARY DISPOSITION REPORT
(CLASS A and B OFFENSES AND CLASS X GUILTY PLEAS)

I. Name of Facility _____________________________ Facility Code_________ Date of Violation ___/___/___
Name of Inmate ____________________________________________________________________________________
Violation ____________________________________________________________________________ Violation Code __________ Class of Offense ______
Disposition 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 Coordinator’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

Basis for discipline imposed: ____________________________________________

Disciplinary Coordinator 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 _______ Remanded

Date _____/_____/______ Signature ___________________________________________________________

VI. I have received a copy of the disposition. Date _____/_____/______

Inmate’s Signature and ODOC # __________________________

Inmates pleading not guilty may appeal to the facility head/district supervisor within 15 days.