INMATE’S MISCONDUCT APPEAL FORM for CLASS X/RESTITUTION MISCONDUCTS

Date: ____________ Facility Housing Unit: ____________ Facility Where Offense Occurred: ____________

Name: _______________________________ ODOC Number: _______________

Date of Offense: ___________ Offense: ___________________________ Class of Offense: _______________

Date of Disciplinary Hearing: ___________ Punishment Imposed: ________________________________

Appeal Form Sent To: ___________________________________ Title: ________________________________

You must file your appeal to the facility head/district supervisor within 15 calendar days of receipt of “Disciplinary Hearing Report (Class X or violation Involving Restitution)” (DOC 060125C), notifying you of finding of guilt and/or punishment. 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 procedures is not grounds for appeal. You may use the backside of this form and, if necessary, no more than one 8½” x 11” page as an attachment. Do not attach copies of ODOC or facility procedures or administrative memoranda, cases from law books, or any agency 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.

GROUNDS FOR APPEAL:

A. I was not:

1. ☐ provided written notice of the charge
2. ☐ provided at least 24 hours to prepare before the hearing
3. ☐ provided copies of evidence and/or reports (except any confidential testimony/evidence)
4. ☐ permitted the opportunity to present relevant witness/witnesses or to submit relevant written witness statements
5. ☐ permitted to present relevant documentary evidence
6. ☐ permitted to attend the hearing
7. ☐ provided a disciplinary hearing officer who had no direct involvement in the alleged rule violation

B. There was no:

1. ☐ determination of the reliability of any confidential witness testimony
2. ☐ written statement of the evidence utilized for a determination of guilt
3. ☐ written reason for the discipline imposed
4. ☐ evidence
5. ☐ staff representative assigned (if applicable)

Date Sent ____________ Signature of Inmate ________________________________
INMATE MISCONDUCT APPEAL FORM FOR CLASS X/RESTITUTION MISCONDUCTS
DUE PROCESS REVIEW

Appeal # ______________

I. Name of Inmate

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
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Violation _______ Offense Date __/__/___ Hearing Date __/__/___ ODOC # ___________

II. Due Process Review:

1. □ Inmate provided written notice of the charge.
2. □ Inmate provided at least 24 hours to prepare after receiving notice of the charge before the hearing was conducted.
3. □ Inmate provided copies of evidence used. (except any confidential informant statements and only photocopies or written description of any physical evidence)
4. □ Inmate afforded the opportunity to call witness/witnesses.
5. □ If relevant witnesses were not allowed at the hearing, were their written statements submitted and is there a discretionary action form?
6. □ Inmate permitted to present documentary evidence.
7. □ Inmate permitted to attend hearing. If not, is there documentation as to why not?
8. □ Was there a determination of the reliability of any confidential informant testimony?
9. □ Is there a written explanation of the evidence used for a determination of guilt?
10. □ Is there a written reason for the discipline imposed?
11. □ Is there “any/some” evidence of guilt?
12. □ If applicable, was a staff representative/mental health staff representative assigned?
13. □ No direct involvement in the alleged rule violation by the disciplinary hearing officer.

Finding/Issues: __________________________________________________________
________________________________________________________

Reviewer’s Printed Name and Signature ________________________________ Date ______/_____/_____

III. Facility Head Action:


Printed Name and Signature ____________________________________________ Date ______/_____/_____

IV. I have received a copy of the due process review.

________________________________________/
Inmate Signature/ODOC # Date

________________________________________/
Staff Witness Date

V. If affirmed, to appeal I must forward my appeal to the Administrative Review Authority no later than 15 calendar days after receiving this due process review and must use form “Misconduct/Grievance Appeal to Administrative Review Authority” (DOC 060125V).

Original: Commitment Document Folder  DOC 060125L
First Copy: Field File  Page 2 of 2
Second Copy: Inmate  (R 01/22)