

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 will 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 will 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.

GROUND 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 _____
Last Name First Name M.I.

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:

1. Affirm ____ 2. Dismissed ____ 3. Order re-hearing ____ 4. Modified ____

Printed Name and Signature _____ Date ___/___/___

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

Inmate Signature/ODOC # / Date

Staff Witness / Date

V. Appeals to the Administrative Review Authority must be received in that office no later than 15 calendar days after receiving this due process review and you must use form "Misconduct/Grievance Appeal to Administrative Review Authority" (DOC 060125V).

Original: Commitment Document Folder
First Copy: Field File
Second Copy: Inmate

DOC 060125L
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