

INMATE'S MISCONDUCT APPEAL FORM for CLASS A and B MISCONDUCTS

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

Name: _____ ODOC Number: _____

Date of Offense: _____ Offense: _____ Class of Offense: _____

Date of Disciplinary Decision: _____ 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 Disposition Report (Class A and B Offenses and Class X Guilty Pleas) (DOC 060125C-1), notifying you of finding of guilt and/or punishment. The appeal is a 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.

GROUND'S FOR APPEAL:

A. I was not:

1. provided written notice of the charge
2. provided at least 24 hours to prepare a defense
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 meet with the disciplinary coordinator prior to his/her decision
7. provided a disciplinary coordinator 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 REVIEW FORM
for CLASS A & B MISCONDUCTS

Appeal # _____

I. Name of Inmate _____
Last Name First Name M.I.

Violation _____ Offense Date ___/___/___ Disposition Date ___/___/___ ODOC # _____

II. Review:

- 1. Inmate provided written notice of the charge.
- 2. Inmate provided at least 24 hours to prepare a response after receiving notice of the charge.
- 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. Inmate permitted to present documentary evidence.
- 6. Inmate permitted to meet with disciplinary coordinator. If not, is there documentation as to why not?
- 7. Was there a determination of the reliability of any confidential informant testimony?
- 8. Is there a written explanation of the evidence used for a determination of guilt?
- 9. Is there a written reason for the discipline imposed?
- 10. Is there "any/some" evidence of guilt?
- 11. If applicable, was a staff representative/mental health staff representative assigned?
- 12. No direct involvement in the alleged rule violation by the disciplinary coordinator?

Finding/Issues: _____

Reviewer's Printed Name and Signature _____ Date ___/___/___

III. Facility Head Action:

1. Affirm _____ 2. Dismissed _____ 3. Remand _____ 4. Modified _____

Printed Name and Signature _____ Date ___/___/___

IV. I have received a copy of the review.

Inmate Signature/ODOC# Date

Staff Witness Date

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

DOC 060125L-1
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