

### Findings of Administrative Hearing Officer

Name			ODOC Number		
County of Conviction			Sentencing Judge		
Offense			CF Number	Date of Sentence	
County of Supervision			Supervising Officer		
Date and Time of Hearing			Location of Hearing		

Based upon information provided and documentation reviewed, I hereby find the following:

\_\_\_\_\_ There is not sufficient evidence to support the alleged violation.

\_\_\_\_\_ There is sufficient evidence to support the alleged violation.

Violation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence Relied Upon  
For Finding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intermediate Sanctions  
Imposed and Basis  
for Sanction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interventions Imposed  
And Basis  
for Intervention \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Administrative Hearing Officer

\_\_\_\_\_ I accept the imposed action. I understand that by accepting the action, I waive my right to appeal the finding to the sentencing court.

\_\_\_\_\_ I do not accept the imposed action. I understand that I have the right to appeal the findings to the sentencing court within five working days. I understand that it is my responsibility to complete the appeal form and have such filed with the court clerk of the above referenced county. I understand that I must provide the sentencing judge's clerk with a copy of the file stamped appeal to be placed on the hearing docket. I also must provide my supervising officer with a copy of the file stamped appeal.

By my signature, I acknowledge that I have received a copy of this finding and that my right to appeal this finding has been explained to me.

\_\_\_\_\_ Date

\_\_\_\_\_ Offender Signature