

Date	Facility
Inmate	Register Number
Alleged Violation(s)	
Date of Offense	Code Number

You are being referred to the Center Discipline Committee for the above charges(s).

The hearing will be held on: _____ at _____ (A.M./P.M.)

at the following location:

You are entitled to have a staff member represent you at the hearing. Please indicate below whether you desire to have a staff representative, and if so, his or her name.

Inmate's Initials I (do) wish to have a staff representative.

Inmate's Initials I (do not) wish to have a staff representative.

If so, the staff representative's name is:

You will also have the right to call witnesses at the hearing and to present documentary evidence in your behalf, provided calling your witnesses will not jeopardize Center safety. Names of witnesses you wish to call should be listed below.

Inmate's Initials: _____ Briefly state what each proposed witness would be able to testify to.

Name: _____ Can Testify to: _____

Name: _____ Can Testify to: _____

Name: _____ Can Testify to: _____

The Chairman of the Center Discipline Committee will call those witnesses (Staff or Inmate) who are reasonably available, and who are determined by him/her to be necessary for an appreciation of the circumstances surrounding the charge(s). Repetitive witnesses need not to be called. Unavailable witnesses may be asked to submit written statements.

Date, sign, and return this form to the Chairman of the Center Discipline Committee.

Date	Inmate Signature/Reg. No.
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Notice of hearing given to inmate by: Employee Signature	Date
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