

Inmate's Name	Register No.	Institution
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**FORFEITURE/WITHHOLDING**

Infraction Date	DHO Decision Date	
Amount Forfeited (FF)	Amount Withheld (WH)	Month Withheld
Infraction Severity	Infraction Frequency	
Reason for Forfeiture/Withholding		
Discipline Hearing Officer:		

**RESTORATION**

Amount Forfeited	Infraction Date	
Amount Withheld	Infraction Date	
<b>AMOUNT RECOMMENDED &gt; FOR RESTORATION</b>	Forfeited	Withheld
Reason for Restoration		
Date of Recommendation	Unit Manager	

Comments and Signature of DHO

Comments and Signature of CCS

<b>AMOUNT RECOMMENDED &gt; FOR RESTORATION</b>	Forfeited (RFF)	Withheld (RWH)
<b>RECOMMENDATION DENIED</b> <input type="checkbox"/>		

Signature of Approving Official	Title of Approving Official	Date
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SENTRY Release Date Adjusted by:	Date:
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