

WAIVER OF APPEARANCE

Facility

I, _____, have
Name/Register No.

been advised of my right to appear before the (specify)

_____ (CDC, UDC, DHO, SRO)

on _____. I do not wish to appear, and I hereby waive that right.

Inmate Signature

Register Number

Witness: _____
Staff Member Printed Name/Signature/Date

I saw inmate _____
Inmate Name/Register No.

at _____ at _____
Time/Date Specific location, e.g. Room No.

and advised the inmate of the right to appear before the (specify)

_____ on _____
CDC, UDC, DHO, SRO Date

The inmate declined to appear at the hearing, but refused to sign a Waiver of Appearance.

Staff Member Printed Name/Signature/Date

Second Staff Member Printed Name/Signature/Date