Request to Appear as a Witness

(For Major Violations Only)

Hearing Date:		Hearing Time:
Incarcerated Individual Name:		OID:
FROM:	, Discipline Unit	
DATE:		

NOV#:

Alleged Violation(s):

TO:

Hearing Location:

Incident Date:

Witnesses must appear unless there is very compelling reason not to do so. If there is a very compelling reason, we must be notified at least forty-eight (48) hours prior to the scheduled hearing time. Please notify by telephone at extension or e-mail at .

If you do not appear and do not notify us, the report may have to be withdrawn and the charges dismissed.