



MN DEPARTMENT OF CORRECTIONS – HEARINGS AND RELEASE UNIT

1450 Energy Park Drive, Suite 200 ♦ St. Paul, MN 55108-5219

WAIVER OF HEARING

INDIVIDUAL'S NAME: [ ]

OID: [ ]

By initialing this line, I admit the violation(s) alleged in the Notice of Violation and accept the disposition recommended by the agent in the violation report. A disposition is not final until approved by a hearing officer.

By initialing this line, I understand that there is a 90-day cap on reincarceration for first-time release violators who are not serving sentences for sex offenses (Minn. Stat. § 244.30). I also understand that the 90-day cap does not apply if a hearing officer finds substantial and compelling reasons to believe that a longer incarceration period is necessary to protect the public.

By initialing this line, I understand my agent has recommended more than 180 days and this disposition includes a determination of ongoing risk to the public or unamenability to supervision per Minn. Rule, 2940.3800, subp. D.

I UNDERSTAND THE DISPOSITION INCLUDES THE FOLLOWING:

- Revocation of my release on sentence number ... and continue to the Confinement Release Date (CRD) of the new commitment sentence on sentence number ..., CRD ...
Revocation of my release on current sentence, sentence number ..., to expiration of sentence, or conditional release sentence expiration if applicable. This expiration date (maximum confinement or termination milestone) is determined to be ... and is subject to audit by the Minnesota Department of Corrections (MN DOC).
Revocation of my release and return to incarceration for ... days, I will receive credit from the date of my arrest or availability to the MN DOC, which is determined to be ... and is subject to audit by the MN DOC.
Completion of an institution-based treatment program if determined eligible. This disposition includes a revocation period of 365 days or less from the date of my arrest or availability to the MN DOC, which is determined to be ... and is subject to audit by the MN DOC. I understand that completion of programming may exceed 365 days and result in an extension of my imprisonment at a future review hearing. I accept the agent's recommendation to complete the following program(s):
substance use disorder programming
sex offense programming
Revocation of my status in the Challenge Incarceration Program (CIP). I understand that I will be returned to institution status to serve my original term of imprisonment as calculated by the sentence administration unit (SAU) and I will receive credit from the date of my arrest or availability to the MN DOC, which is determined to be ... and is subject to audit by the MN DOC..

By initialing this line, I understand I may be subject to further consequences because of my return to incarceration status. This may include extension of my confinement release date for discipline reasons, treatment completion/failure, ECRC review, or lack of an approved release plan.

INDIVIDUAL'S (RELEASEE) SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

HEARING OFFICER REVIEW:

- APPROVED PROCEED TO HEARING
COMPELLING AND SUBSTANTIAL REASONS FOUND TO EXCEED THE 90-DAY CAP APPLY THE 90-DAY CAP

HEARING OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

HEARING OFFICER PRINTED NAME: