DEPARTMENT OF CORRECTIONS

HEARINGS AND RELEASE UNIT
1450 Energy Park Drive, Suite 200
St. Paul, MN 55108-5219 Phone: 651/361-7107

NOTICE OF ADULT VIOLATION HEARING AND RIGHT TO HEARING

TO: «C_FullName»_____ DATE: «Short_Date»

OID [merge field]:

«MailAdd_Line1», «MailAdd_Line2»_____

«MailAdd_City», «MailAdd_ST» «MailAdd_Zip»_____

Your ***Violation Hearing*** will be held on «VRS_Hearing_Date» at «VRS_Hearing_Time» at «VRS_Custody_Location» (Date, Time & Location)

I. It is alleged that you have violated the terms and conditions of your release in the following manner:

«VRS_Hearing_Alleged_Violation»

II. Testimony and evidence to be used at hearing:

«VRS_Hearing_Testimony»

III. You are entitled to a hearing on the above listed violation(s). The purpose of the hearing is to determine:
1. Whether or not you did violate the conditions of release.
2. If you did violate your release, whether the violation(s) is serious enough that your release should be revoked.
3. If your release is not revoked, to decide whether to modify the conditions of your release.

IV. You are entitled at this hearing to the following rights:
1. To appear and speak on your own behalf
2. To present witnesses and any other evidence to help show you did not violate conditions of release.
3. To present reasons why your release should not be revoked.
4. To cross-examine witnesses against you unless the hearing officer finds good cause for not allowing confrontation.
5. To be represented by an attorney of your own choosing paid by you or have the services of the State Public Defender.

ACKNOWLEDGEMENT

I have read the above Notice, and my rights have been explained to me.

SAMPLE

☐ I want to be represented by:

☐ The State Public Defender.

- Contact information: 540 Fairview Ave N, Ste. 300, St. Paul, MN 55104 – Phone: 651-219-4444

☐ I have a private attorney. Name of Attorney:_____

☐ I want to waive my right to a hearing and don't want to discuss it with an attorney.

DATE:_____

_____
INDIVIDUAL (RELEASEE)

_____
WITNESS

SAMPLE