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| <b>Incarcerated Individual Name:</b> | <b>OID:</b>                 |
| <b>Date Charged:</b>                 | <b>Facility &amp; Unit:</b> |

## Notice of Violation

**You are being charged with violating the following Incarcerated Individual Discipline Rule(s):**

**Max discipline penalties for the above charges:**

**Summary of the facts and any aggravating considerations:**

\*include location, date, time, staff reporting incident

**Witnesses that may be called (major discipline hearing only):**

**Evidence that may be introduced:**

**Tentative hearing date:**

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**I acknowledge receipt of this notice of violation and list of incarcerated individual rights.**

**Incarcerated Individual Signature: \_\_\_\_\_ Date:**

**Delivered by: \_\_\_\_\_**

**Check here if incarcerated individual refused to sign**

**Staff Signature if refusal to sign: \_\_\_\_\_**

**Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_**

WAIVER: I admit to the violations as follows and waive my right to all procedural rights, including appeal. (List incarcerated individual discipline rule violations)

Penalty: \_\_\_\_\_

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Waivers are not final until approved by the reviewing official.

**Incarcerated Individual Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Discipline Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name Printed:** \_\_\_\_\_

**Reviewing Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name Printed:** \_\_\_\_\_