

Incarcerated Individual Name:	OID:
Facility: Select A Facility	Living Unit & Cell:

Notice of Hearing Date

Hearing date:

Discipline Report #:

Discipline Rule Violation(s):

I acknowledge receipt of this Notice of Hearing.

Incarcerated Individual Signature: _____

Date: _____ **Time:** _____

Delivered by: _____

***Notice of Hearing was not served to me within 24 hours of the hearing. I consent to a hearing held within less time.**

Incarcerated Individual Signature: _____

Date: _____ **Time:** _____