Request to Appear as a Witness

(For Major Violations Only)

TO:

DATE:

FROM: , Discipline Unit

Incarcerated Individual Name:	**OID:**
Hearing Date:	**Hearing Time:**
Hearing Location:	**NOV#:**
Incident Date:	**Alleged Violation(s):**

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If you do not appear and do not notify us, the report may have to be withdrawn and the charges dismissed.