

| | |
|--------------------------------------|-----------------------------|
| Incarcerated Individual Name: | OID: |
| Date Charged: | Facility & Unit: |

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:

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: _____

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: _____