DISCIPLINARY HEARING REPORT  
(Class X or Violation Involving Restitution)

I. Name of Facility _____________________________ Facility Code _______ Date of Violation ___/___/___
   Name of Inmate ________________________________________________________________________
   Last Name   First Name               M.I. _____________________________________ Violation Code __________
   Hearing Date _____/_____/_____ DOC # __________ Time ________ Place ________________________

II. I understand that I waive the opportunity of this case being appealed if I plead guilty to this offense.
   _____________________________________________                             __ _____________________
   Inmate’s Name         Number

PLEA:  1. Guilty _________ Inmate’s Initials _______ 2.  Not Guilty _______ Inmate’s Initials __________

Confidential Statements: I have independently reviewed the reliability statement and have found that it
   sufficiently supports the reliability of the confidential witness statement(s).
   _____________________________________________
   Disciplinary Officer’s Signature

III. Finding
   1.  Guilty _____________  2.  Not Guilty _____________

   Evidence relied on for finding of Guilt: (include a brief description of the offending behavior)

   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

IV. Discipline Imposed:            Sanction    Code                  Suspension
   ______________________     ______________________      _______ for _____ days
   ______________________     ______________________     _______ for _____ days
   ______________________     ______________________     _______ for _____ days
   ______________________ ______________________ _______ for _____ days

   Basis for discipline imposed:   ______________________________________________
   _________________________________________________________________________________________

   Disciplinary Officer Printed Name and Signature ___________________________________        __

V. As a result of conviction for subsequent offense prior to expiration of the suspended punishment, the previous
   suspended punishment is hereby revoked: to run consecutive to the new punishment.
   Previous Violation:   ____________________________________________________________________
   Previous Punishment: 1. __________________ 2. ____________________  3.  _______________________
   Date of Imposition:  ______/______/______

   Facility Head Review _______Affirm _______ Dismissed _______ Modified ______ Order for re-hearing
   Date _____/_____/______ Signature __________________________________________________________

   (If more than 60 earned credits are revoked) Regional Director __________Approve _____________Deny
   Date ____/___/______ Signature _________________________________________________________

VI. I have received a copy of the disposition. Date _____/_____/______
   Inmate’s Signature and Number_________________________________________________________