

**State of Vermont Department of Corrections
Notice of Hearing**

To (offender name): _____ Docket number: _____ Original
 Continuance

PID # _____ From (staff name): _____ Date: _____ Time: _____

This is to inform you that you will appear before the Hearing Officer on _____ at _____ hours for the charged violation of _____

OFFENDER'S RIGHTS AND OPPORTUNITIES

You will have the following rights and opportunities: (Check off each one as you read it)

- To be present and to be heard, provided your conduct is orderly.
- To present your case.
- To present documentary evidence and call the Reporting Officer and/or other reasonably available witnesses, who have relevant information, provided the witnesses are not unduly hazardous to facility security, order or discipline.
- To question or cross-examine witnesses at the hearing and to review factual evidence, if not hazardous to institutional security.
- To submit a written statement to the Hearing Officer.
- To request the assistance of a Hearing Assistant.
- To seek a continuance of the hearing for good cause shown.

I Do Do Not wish to be assisted by a Hearing Assistant - Name: _____

I Do Do Not wish to have the Reporting Officer present - Name: _____

Names of witnesses you wish to call should be listed below. Briefly state what each proposed witness would be able to testify to.

Name: _____, can testify to: _____

Name: _____, can testify to: _____

I Do Do Not request a continuance because: _____

I Do Do Not waive my 24 hour notice.

Offender Signature: _____ DOB: _____ Date: _____ Time: _____

WAIVER OF 24 HOUR NOTICE OF HEARING

I have been advised that I have the right to have a written copy of the evidence being used against me at least twenty-four (24) hours prior to appearing before the Hearing Officer. I wish to waive this right and proceed with the hearing at this time.

Offender Signature: _____ Date: _____ Time: _____

Staff Witness: _____ Date: _____ Time: _____