

**State of Vermont Department of Corrections
Ad-Seg Waiver of Appearance/Hearing/Refusal to Appear**



Docket number: _____ PID # _____

A. Waiver of Appearance at Hearing

I, _____ (DOB: _____) have been advised of my right to appear at my Administrative Segregation Hearing regarding:

The hearing has been scheduled for _____ hours on _____ .

Check one box:

- I do **not** wish to appear at this Ad-Seg Hearing, and I hereby waive that right. I realize that by waiving my right to appear or have a hearing on this matter I am admitting that a preponderance of the evidence supports my being Administratively Segregated.
- I do not wish to appear, and I state that I do not wish to be Administratively Segregated .

Inmate Signature: _____ Date: _____ Time: _____

Staff Signature: _____ Date: _____ Time: _____

Superintendent Signature: _____ Date: _____ Time: _____

B. Refusal to Appear at Hearing

I saw _____ on _____ at _____ hours and advised the inmate of the right to appear before the Hearing Officer on _____ .

The inmate declined to appear at the Ad-Seg Hearing but refused to sign *A Waiver of Appearance*.

Staff Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____