

State of Vermont Department of Corrections Hearing Report Form



Completed by the Hearing Officer

Docket number: _____ Hearing Officer: _____

Offender name: _____ Presenter: _____

Reason(s) for hearing:

Date of Alleged Violation: _____

Date of Notice of Hearing: _____

Date of Hearing: _____

Time of Hearing: _____

Did the offender waive the 24 hour notice? Yes No Did the offender request a Hearing Assistant? Yes No

Did the offender attend the hearing? Yes No Did a Hearing Assistant represent the offender? Yes No

If No, explain: _____ If No, explain: _____

Did the offender have an opportunity to meet with the Hearing Assistant before the hearing? Yes No

If No, explain: _____

Offender: **Pleads Guilty** **Agrees Evidence Supports Ad-Seg**
 Pleads Not Guilty **Disagrees Evidence Supports Ad-Seg**

Witness(es): *Name and reason called*

What alternative forms of testimony were used for witnesses who were not reasonably available? (e.g., reporting officer)

Description of evidence presented by the Department:

Description of evidence presented by the offender:

Was the offender's presentation or participation in the hearing limited due to misconduct or other reasons? Yes No

If Yes, explain: _____

Was the Hearing Assistant's participation limited due to misconduct or other reasons? Yes No

If Yes, explain: _____

Was any evidence used in the finding of fact confidential? Yes No

If Yes, complete *Confidential Informant Form* and attach to this report.

Was a continuance requested from either the offender or the Department? Yes No

If Yes, explain: _____

Was a continuance granted? Yes No

If Yes, explain: _____

Determination

Based upon a preponderance of the evidence:

- I find you **guilty**. I **support Ad-Seg**
- I find you **not guilty**. I **do not support Ad-Seg**
- I find you **not guilty** of the charged violation but **guilty** of a lesser or equal violation.

Findings of fact:

Hearing Officer's Signature:

Disciplinary Only

Recommended sanction:

Disciplinary Committee Sign Off

Evidence meets the preponderance standard? Yes No

Committee Chair Signature:

Sufficient compliance with applicable disciplinary policies and directives? Yes No

Sanction proportionate to the violation? Yes No

Evidence meets the preponderance standard? Yes No

Committee Chair Signature:

Sufficient compliance with applicable disciplinary policies and directives? Yes No

Sanction proportionate to the violation? Yes No

Evidence meets the preponderance standard? Yes No

Committee Chair Signature:

Sufficient compliance with applicable disciplinary policies and directives? Yes No

Sanction proportionate to the violation? Yes No

Superintendent's Decision

- Determination upheld
- Determination reversed
- New hearing ordered
- Sanction modified

Modified sanction:

Superintendent 's Signature:

Offender received final decision on _____, 20____, at _____ hours.

Printed name and signature of staff: _____

Date and time: _____