



# INTERSTATE COMPACT NOTICE OF PROBABLE CAUSE HEARING, RIGHTS, AND WAIVER

Date: \_\_\_\_\_

Name	DOC number	Present location
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Type of violation (check the one that applies):

Significant violation

Violations alleged
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Abscond

Absconding supervision since on or about \_\_\_\_\_

You are hereby notified that a Department of Corrections Probable Cause Hearing is scheduled for:

Hearing date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Location	Cause number(s)
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The Department intends to present the following documents/reports and/or call the following witnesses during the hearing:
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**You have been charged with the above alleged violations supervision conditions. You have the following rights:**

- To receive written notice of the alleged violations of your conditions/requirements of supervision.
- To have a neutral Hearing Officer conduct your hearing.
- To examine, prior to the hearing, all supporting documentary evidence which the Department intends to present during the hearing,
- The opportunity to be heard in person and to present witnesses and documentary evidence relevant to the alleged violations(s). If there is a language or communication barrier, the Hearing Officer will ensure that someone is appointed to interpret or otherwise assist you. However, no other person may represent you in presenting your case. There is no statutory right to an attorney or counsel.
- To confront and cross-examine witnesses testifying at the hearing. The Hearing Officer may exclude persons from the hearing upon a finding of good cause.
- To receive a written Hearing and Decision Summary Report including the evidence presented, a finding of Probable Cause or no Probable Cause, and the reasons supporting findings, following the hearing.

I have read and understand the allegations(s), the hearing notice, and my rights as described.

\_\_\_\_\_  
Individual under Department jurisdiction signature      Date      Time

\_\_\_\_\_  
Witness name      Position      Signature      Date      Time

**ADMISSION AND WAIVER**

I admit to the following violations and waive all my procedural rights, including the right to a Probable Cause Hearing.

Violations

I understand that by admitting to the violations(s) and waiving my right to a Probable Cause Hearing I will be waiving extradition and agree to return to the sending state.

\_\_\_\_\_  
Individual under Department jurisdiction signature      Date      Time

\_\_\_\_\_  
Witness name      Position      Signature      Date      Time

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Hearing file  
**COPY** - Supervised individual, Field file, ICOTS Violation Report/Violation Addendum