



# NOTICE OF ALLEGATIONS HEARING, RIGHTS, AND WAIVER

Name	DOC Number	Date	Present Location
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**Type of Hearing:** (Check all that apply)

- Community Custody
- Community Custody Maximum (CCM)
- Negotiated Sanction
- Commutation
- From Out-of-State
- DOSA Reclassification
- Misdemeanor/Gross Misdemeanor
- Drug Offender Sentencing Alternative (DOSA)
- DOSA Deportation Dispositional

**Hearing Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  a.m.  p.m. **Location:** \_\_\_\_\_

**Cause(s), include number and date:**

**Type of Allegation:** (Check one, write the allegation, include infraction number for infraction hearings.)

- Violation of community custody conditions.
- Violation of DOSA sentence.
- A valid Immigrations and Custody Enforcement (ICE) deportation order was issued on \_\_\_\_\_, thereby making you ineligible for the DOSA previously granted.

**The Department intends to present the following documents/reports and/or call the following witnesses during the hearing:**

**If you are found guilty at the hearing, the Department may:**

- ◆ Place you in total confinement in a jail or prison, as well as impose the existing supervision and any additional reporting or program enhancement.
- ◆ Recommend that the sentencing court, if appropriate and/or applicable, take further action.
- ◆ Reclassify the sentence structure to require that the remaining balance of the original sentence be served in a jail or prison and/or recommend transfer to another facility (Prison DOSA only).
- ◆ Impose up to the remaining return time to be served in a jail or prison (CCP/CCI only).

**You have the following rights:**

- ◆ To receive written notice of the alleged violations or ICE deportation order.
- ◆ To have an electronically recorded hearing, conducted within 5 business days of service of this notice. However, if you have not been placed in confinement, the hearing will be conducted within 15 business days of service of this notice.
- ◆ To have a neutral Hearing Officer conduct your hearing.
- ◆ To examine, no later than 24 hours before the hearing, all supporting documentary evidence the Department intends to present during the hearing.
- ◆ To admit to any or all of the allegations. This may limit the scope of the hearing.
- ◆ To testify during the hearing or remain silent. Your silence will not be held against you.
- ◆ To be present during all phases of the hearing. If you waive your right to be present at the hearing, the Department will conduct the hearing in your absence and may impose sanctions that could include loss of liberty.
- ◆ To present your case to the Hearing Officer. If there is a language or communication barrier, the Hearing Officer will ensure that someone is appointed to interpret or otherwise assist you.
- ◆ To request attorney representation if you do not agree to a Negotiated Sanction and your hearing is regarding a Prison Drug Offender Sentencing Alternative (DOSA), Community Custody Prison (CCP), or Community Custody Inmate (CCI) cause and you have more than 15 days reclassification or return time remaining. Attorney representation will be authorized if the Hearing Officer determines that representation is necessary due

to the complexity of your case or your ability to represent yourself. If representation is authorized, you may be able to provide your own attorney in lieu of a Department-appointed attorney at your own cost. If you would like to provide your own attorney, you must provide your attorney's name and contact information (name and phone number or email) to the Hearing Officer at the hearing, otherwise the Department will appoint an attorney free of charge. If an attorney is authorized, the hearing will be continued to a later date.

- ◆ To have witnesses provide written or oral testimony on your behalf. The Hearing Officer may exclude individuals from the hearing for specifically stated reasons, and the facility may exclude the public for safety, security, or capacity concerns. The Hearing Officer may require a witness to testify outside of your presence when there is a substantial likelihood that the witness will not be able to give effective, truthful testimony or would suffer significant psychological or emotional trauma if required to testify in your presence. In either event, you may submit a list of questions to ask the witness(es). Testimony may be limited to evidence relevant to the issues under consideration.
- ◆ To request a continuance of the hearing for good cause.
- ◆ To confront and cross-examine witnesses testifying at the hearing.
- ◆ To receive a written Hearing and Decision Summary Report specifying the evidence presented, a finding of guilty or not guilty, and the reasons supporting findings of guilt, and the sanction imposed, immediately following the hearing or, in the event of a deferred decision, within 2 business days unless you waive this timeframe.
- ◆ To obtain a copy of the electronic recording of the hearing by sending a written request to: Department of Corrections, P.O. Box 41103, Olympia, WA 98504-1103.
- ◆ To appeal a sanction to the Appeals Panel, in writing, within 7 calendar days of your receipt of the Hearing and Decision Summary. You may also file a personal restraint petition to appeal the Department's final decision through the Court of Appeals.
- ◆ To waive any or all of the rights listed.

**DEPARTMENT OF CORRECTIONS APPEALS PANEL - P.O. Box 41103 - Olympia, WA 98504-1103**

**If eligible:**

- I request attorney representation at my hearing. I understand that if representation is authorized, I may be able to provide my own attorney in lieu of a Department-provided attorney at my own cost, and that I must provide my attorney's name and contact information to the Hearing Officer at the hearing, otherwise the Department will appoint an attorney free of charge. If an attorney is authorized, the hearing will be continued to a later date.
- I do not want attorney representation at my hearing

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

_____	_____	_____
Signature	Date	Time
_____	_____	_____
Case manager	Date	Time

**Waiver of Presence at Hearing**

In waiving my presence at the hearing, I understand that the Department may still schedule and conduct a hearing. I further understand that if I am found guilty, the Department may respond as described above. I understand that if I am eligible for a review of attorney representation, by waiving my right to be present at the hearing, I am waiving my right to a review for determination of attorney representation.

- I waive my right to appear at the hearing.

_____	_____	_____
Signature	Date	Time
_____	_____	_____
Witness signature/position	Date	Time

CCO/TYPIST: DATE

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 16-03, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Hearing File  
**COPY** - Individual under the Department's jurisdiction, Work/Training Release and/or Field File