



# AD SEG REVIEW NOTICE/ APPEARANCE WAIVER

Name \_\_\_\_\_ DOC number \_\_\_\_\_ Facility \_\_\_\_\_ Date \_\_\_\_\_

Hearing date \_\_\_\_\_ Location \_\_\_\_\_ Time \_\_\_\_\_

Reason for hearing (include all allegations of misconduct, if appropriate): \_\_\_\_\_

**Criminal charges may be pending. Anything you say henceforth may be used against you in a court of law.**

Status of criminal charges:  None  Unknown  Pending in County \_\_\_\_\_ Charges \_\_\_\_\_

### Incarcerated Individual's Rights

You have the right to remain silent at the hearing. If you choose to remain silent, your silence may be used against you, and the decision will be based on the evidence presented.

You have the right to review all related reports and a summary of any confidential information.

You may waive your appearance at the hearing.

You may request a Department advisor (if approved by the Hearing Officer)  Requested  Waived

You may request an interpreter (if unable to speak and/or understand English)  Requested  Waived

You may request a certified sign language interpreter (if hearing impaired)  Requested  Waived

You may request written statements from witness(es).

You do not have a right to cross examine witnesses, have the infracting employee/contract staff present at the hearing, or have a polygraph or other supplemental tests.

You may appeal the decision and/or sanctions to the Superintendent.

### Witnesses

Employee/contract staff	Position/title	Incarcerated individual	DOC number

I have been provided a certified language interpreter: Interpreter name \_\_\_\_\_ Date \_\_\_\_\_

I have been provided with a Spanish translation of the charges against me on:

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

I, \_\_\_\_\_ DOC number \_\_\_\_\_ waive my right to the required 48 hour notice before being seen by the Administrative Hearing Officer/classification and authorize the Hearing Officer to make a disposition regarding the information and evidence presented to the Hearing Officer as pertains to my particular situation.

I, \_\_\_\_\_ DOC number \_\_\_\_\_ waive my right to appear at the hearing. I understand that the hearing will be held in my absence.

**I have received a copy of this form and any attachments.**

\_\_\_\_\_ Incarcerated individual/witness \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ Employee \_\_\_\_\_ 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** - Imaging file **COPY** - Hearing Officer, Individual