



CONDITIONAL COMMUTATION HEARING REPORT

Name: _____ DOC number: _____ Date: _____

Date commutation ordered: _____ Supervision type: _____

Commutation ordered by: _____, Governor of Washington

Addendum date: _____ Ordered by: _____, Governor of Washington

A conditional commutation hearing was held on _____ at _____, regarding the following alleged violations of the conditions of conditional commutation for _____. The hearing was conducted by Hearing Officer _____ and parties present for the hearing were: _____.

Upon convening the hearing, I determined that _____ had received proper service of the Notice of Allegations, Hearing, Rights, and Waiver. I found that _____ had previously been provided with copies of all of the documentary evidence to be used against _____ during the hearing.

I provided _____ with notice on how to obtain a copy of the audio recording.

PRELIMINARY MATTERS

The Department of Corrections alleged that the following **violation(s)** were committed:

The individual entered the following **plea(s)** to each violation:

The Hearing Officer made the following **finding(s)** as to each violation:

EVIDENCE RELIED UPON

DISPOSITION

The case manager provided the following information regarding the individual's **adjustment** on supervision:

The disposition **recommendation(s)** of the case manager:

The disposition **recommendation(s)** of the individual:

Hearing Officer **recommendation(s)**, decision, and reasons:

Hearing Officer Signature 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 16-01, RCW 42.56, and RCW 40.14.

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