



PARTIAL CONFINEMENT NOTICE OF ALLEGATIONS, HEARING, RIGHTS, AND WAIVER

Name	DOC number	Date	Present location
Present custody status	Present custody score	CCO name (if applicable)	

Hearing date: _____ Time: _____ am pm Location: _____

You have been charged with violating partial confinement rules/conditions:

Violation(s) alleged, including number and date:

You have the following rights to:

- ◆ Receive written notice of the alleged violations not less than 24 hours before the hearing unless notice is waived in writing by you.
- ◆ Admit to any or all of the allegations. This may limit the scope of the hearing.
- ◆ Waive your right to a hearing by signing an admission of the allegation and request that the hearing be dispensed with entirely or limited only to questions of disposition.
- ◆ In preparation for the hearing, ask the Hearing Officer that certain department employees/contract staff, other individuals in partial confinement, and other persons be present as witnesses at the hearing. The Hearing Officer will grant such request if it is determined by the Hearing Officer that to do so would not be unduly hazardous to the facility's or program's safety or correctional goal. Limitations may be made by the Hearing Officer if the information to be presented by the witnesses is deemed to be irrelevant, duplicative, or unnecessary to the adequate presentation of your case.
- ◆ For 762 violations, request attorney representation if you have more than 30 days reclassification 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.
- ◆ Be present during all phases of the hearing except during deliberation, as appropriate. 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.
- ◆ Have a neutral Hearing Officer conduct your hearing.
- ◆ Have an electronically recorded hearing per WAC 137-56-180.
- ◆ Testify during the hearing or remain silent. Your silence will not be held against you.
- ◆ Present your case to the Hearing Officer. If there is a language or communication barrier, the Hearing Officer will ensure someone is appointed to interpret or otherwise assist you.
- ◆ Present documentary evidence and to call witnesses approved by the Hearing Officer.
- ◆ Confront and cross-examine witnesses testifying at the hearing at the discretion of the Hearing Officer.
- ◆ 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.
- ◆ Receive a full copy of the Department of Corrections Hearing Report.
- ◆ 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.

- ◆ Appeal a sanction to the Appeals Panel, in writing, within 7 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.
- ◆ 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
Community Corrections Officer	Signature	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 name and position	Signature	Date
		Time

Admission to Allegations

In admitting the violation(s) and waiving the hearing, I understand that a report will be submitted which may result in the loss of partial confinement status, good time credits, and/or the extension of the minimum term.

- I admit to the following allegations:

Signature	Date	Time
Witness name and 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. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Hearing file **COPY** - Individual, Partial confinement file, Imaging file