



RAPID REENTRY NOTICE OF ALLEGATIONS, HEARING, RIGHTS, AND WAIVER

Name	DOC number	Date	Present location
Present custody status	Present custody score	Corrections Specialist name	

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

You have been charged with violating the Rapid Reentry rules/conditions:

Infraction(s) alleged, including number and date: _____

You have the following right to:

- ◆ Receive written notice of the alleged violations not less than 24 hours prior to the hearing unless notice is waived in writing by you.
- ◆ 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 Hearings Officer that certain Department employees/ contract staff, other Rapid Reentry participant(s), and other persons be present as witnesses at the hearing. The Hearings Officer will grant such request if it is determined by the Hearings Officer that to do so would not be unduly hazardous to the Rapid Reentry program's safety or correctional goal. Provided, however, limitations may be made by the Hearings 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.
- ◆ Be present at all stages of the hearing, except during deliberation in appropriate circumstances.
- ◆ Have an electronically recorded hearing conducted within 8 business days of suspension of your Rapid Reentry plan unless a longer time is approved by the Hearings and Violations Administrator or designee.
- ◆ Have a neutral and detached Hearings Officer conduct your hearing.
- ◆ Present documentary evidence and to call witnesses approved by the Hearings Officer.
- ◆ Admit to any or all of the allegations. This may limit the scope of the hearing.
- ◆ Testify during the hearing or remain silent. Your silence will not be held against you.
- ◆ Present your case to the Hearings Officer. If there is a language or communication barrier, the Hearings Officer will ensure that someone is appointed to interpret or otherwise assist you.
- ◆ Confront and cross-examine only those witnesses appearing and testifying at the hearing at the discretion of the Hearings Officer.
- ◆ Receive a written Hearing and Decision Summary Report specifying the evidence presented, a finding of guilty or not guilty, 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's 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.
- ◆ Waive any or all of the rights listed.
- ◆ Appeal a sanction to the Regional 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.

DEPARTMENT OF CORRECTIONS APPEALS PANEL - PO 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 Hearings 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
Corrections Specialist	Signature	Date
	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
	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 Rapid Reentry 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
	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** - Individual, Case manager file, Imaging file