



DISCIPLINARY HEARING MINUTES AND FINDINGS

Infraction Group Number: _____

Name _____ DOC number _____ Violation date _____

Hearing date _____ Hearing time _____ Waived 24 hour notice

PLEA: Guilty: _____ Not guilty: _____ No plea: _____ Waived appearance

Hearing impaired Yes No

Department Advisor Yes No Name: _____

Sign/language interpreter Yes No Name: _____

Competency concerns Yes No

Confidential information Yes No

Witness statement returned Yes No N/A

Witness statement denied Yes No N/A

Reason(s): _____

HEARING SUMMARY

List testifying witnesses, evidence used, continuance reason(s), video review summary, any other relevant information.

LIST EACH WAC 137-28 VIOLATION SEPARATELY

Violation #	FINDING				Reason(s)
	Guilty	Not guilty	Dismissed	Reduced	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sanction(s): _____

Reason(s) for sanction(s): _____

Non-sanction recommendation(s): _____

I have received a copy of this form:

Individual/witness _____ Signature _____ Time _____ Date _____

Hearing Officer _____ Signature _____ Time _____ 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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