


## NOTICE OF HEARING /WAIVER OF 24 HOUR NOTICE OF HEARING

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<b>State of Vermont Department of Corrections Notice of Hearing</b>				
To (offender name):	_____	Docket number:	_____	<input type="checkbox"/> Original
				<input type="checkbox"/> Continuance
PID #	_____	From (staff name):	_____	Date: _____ Time: _____
This is to inform you that you will appear before the Hearing Officer on _____ (M/D/Y) at _____ hours for the charged violation of _____				
<b>OFFENDER'S RIGHTS AND OPPORTUNITIES</b>				
You will have the following rights and opportunities: (Check off each one as you read it)				
<input type="checkbox"/> To be present and to be heard, provided your conduct is orderly.				
<input type="checkbox"/> To present your case.				
<input type="checkbox"/> To present documentary evidence and call the Reporting Officer and/or other reasonably available witnesses, who have relevant information, provided the witnesses are not unduly hazardous to facility security, order or discipline.				
<input type="checkbox"/> To question or cross-examine witnesses at the hearing and to review factual evidence, if not hazardous to institutional security.				
<input type="checkbox"/> To submit a written statement to the Hearing Officer.				
<input type="checkbox"/> To request the assistance of a Hearing Assistant.				
<input type="checkbox"/> To seek a continuance of the hearing for good cause shown.				
I <input type="checkbox"/> Do <input type="checkbox"/> Do Not wish to be assisted by a Hearing Assistant - Name: _____				
I <input type="checkbox"/> Do <input type="checkbox"/> Do Not wish to have the Reporting Officer present - Name: _____				
Names of witnesses you wish to call should be listed below. Briefly state what each proposed witness would be able to testify to.				
Name: _____, can testify to: _____				
Name: _____, can testify to: _____				
I <input type="checkbox"/> Do <input type="checkbox"/> Do Not request a continuance because: _____				
I <input type="checkbox"/> Do <input type="checkbox"/> Do Not waive my 24 hour notice.				
Offender Signature:	_____	DOB:	_____	Date: _____ Time: _____
<b>WAIVER OF 24 HOUR NOTICE OF HEARING</b>				
I have been advised that I have the right to have a written copy of the evidence being used against me at least twenty-four (24) hours prior to appearing before the Hearing Officer. I wish to waive this right and proceed with the hearing at this time.				
Offender Signature:	_____	Date:	_____	Time: _____
Staff Witness:	_____	Date:	_____	Time: _____