CROSBY COUNTY SHERIFF’S OFFICE

OFFENSE REPORT

OFFENSE #:__________________________

COMPLAINANT:__________________________________________ DATE:_________________________

OFFENSE:________________________________________________ DATE:_________________________

PLACE OF OCCURRENCE:______________________________________________________________________

OFFICER ASSIGNED:___________________________________________________________________________

SUSPECT (S):___________________________________________________________________________________

DETAILS OF OFFENSE (State fully all other circumstances of this offense and its investigation)
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REPORT PREPARED BY:_____________________________________ DATE & TIME:_________________

DISCIPLINARY FORM
INMATE NAME:__________________________________________________  S.O. #:_______________________

HOUSING UNIT:________________________________________ OFFENSE NUMBER:____________________

You are herewith notified that a written offense report, dated on the ________ day of ______________________, 20_______, alleges that you have violated the following jail rule (s):

________________________________________________________________________________________________
________________________________________________________________________________________________

You shall be given a fair, neutral, and impartial hearing. You have the right to call witnesses on your behalf at the time of the hearing. If you are unable to read or comprehend the charges, you may be represented by another inmate or by a staff member, if approved by the Sheriff, and if such person is willing to assume the responsibility. A determination of innocence or guilt shall be made by the Disciplinary Hearing Officer or by a Disciplinary Hearing Board. If you are found guilty, the penalty for the violation (s) may include any or all of the following:

MINOR INFRACTION:

1. Counseling.
2. Verbal or Written Reprimand
3. Loss of privileges for a period not to exceed 15 days.
4. Disciplinary separation for a period not to exceed 15 days.

MAJOR INFRACTION:

1. Loss of good conduct credit
2. Loss of privileges for a period not to exceed 30 days.
3. Removal from work details or programs; and
4. Disciplinary separation for a period not to exceed 30 days.

You are advised that you may appeal the decision of the Disciplinary Hearing. You must give written notice of appeal within three (3) days after the decision of the Hearing to the Jail Administrator.

Dated at Crosby County Jail this _____________ day of __________________________, 20______________.

Red Riley, Sheriff Crosby County

Jail Administrator: _____________________________   Correctional Officer: _____________________________

SANCTIONS OFFERED FOR WAIVER

1. Loss of visitation ______ days. Effective____ until ____________.
2. Loss of commissary ______ days. Effective____ until ____________.
3. Loss of television ______ days. Effective____ until ____________.
4. Loss of telephone ______ days. Effective____ until ____________.
5. Disciplinary separation ______ days. Effective____ until ____________.

Disciplinary Officer:____________________________       Date:___________________

☐ I, _______________________ wish to waive my rights to a disciplinary hearing and accept the sanctions imposed by the disciplinary officer.

Inmate Signature:__________________________________     Date:_________________________
CONFIRMATION OF SERVICE

I certify that on this the _____________ day of ________________, 20__, I personally served an offense report notice to _______________________________ in housing unit __________________ at _____________ hrs

at the Crosby County Jail, Crosbyton, Texas, and that a true and exact copy of the afore mentioned notice is attached hereto and made a part hereof.

Disciplinary Hearing Officer: _____________________________

RECEIPT OF SERVICE

I acknowledge receipt of this service. (This is not an admission of guilt.)

Inmates Signature: _____________________________ Date: _____________________________ Time: _____________________________

I wish to designate the following person (s) as witnesses on my behalf:

________________________________________________________________________________________________

________________________________________________________________________________________________

_______________________________

DISCIPLINARY OFFICER’S PROCEDURE AND DETERMINATION

Date of Hearing: _____________________________ Time: _____________________________

Inmate’s Name, SO#, and Housing Unit: _____________________________

Information/statements gathered during hearing: _____________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

Decision: Guilty Not Guilty

Facts Relied Upon (Reason(s) for finding the inmate Guilty or Innocent): _____________________________

________________________________________________________________________________________________

Disciplinary Hearing Officer: _____________________________