



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: \_\_\_\_\_