**HEMPHILL COUNTY JAIL**

**NOTICE OF PENDING DISCIPLINARY HEARING**

Inmate’s Name:       S.O.#       Cell/Location:

**INFRACTION CATEGORY DAYS**

|  |  |  |
| --- | --- | --- |
|        |        |        |
| Additional Infractions may be written in |  |  |
| Additional Infractions may be written in |  |  |

**Your Disciplinary Hearing Rights:**

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. Disciplinary action shall not be capricious and/or retaliatory.

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 Appeal 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, and

**4.** Disciplinary separation for a period not to exceed 15 days.

**MAJOR INFRACTION**:

**1.** Loss of good conduct credit (must have a hearing)

**2.** Loss of privileges for a period not to exceed 30 days

**3.** Removal from work details or programs

**4.** Disciplinary separation for a period not to exceed 30 days

**5.** Restitution for damage to jail property (must have a hearing)

**If you are approved for a hearing waiver and you choose to accept it:**

1. You may choose to waive your right to a disciplinary board hearing and accept sanctions imposed by the Disciplinary Hearing Officer.
2. If you accept the offer the sanctions may be limited further.
3. By accepting a waiver you also waive the right to an appeal.

***THIS FORM TO BE GIVEN TO INMATE AT TIME OF SERVICE***

**HEMPHILL COUNTY JAIL**

**DISCIPLINARY FORM**

Inmate’s Name:       S.O.#       Cell/Location:

 **INFRACTION CATEGORY DAYS**

|  |  |  |
| --- | --- | --- |
|         |        |        |
| Additional Infractions may be written in |  |  |
| Additional Infractions may be written in |  |  |

Officer filing complaint:       Officer serving complaint:

1. **\*\*\*\*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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*DO NOT WRITE BELOW THIS LINE / OFFICIAL USE ONLY\*\*\*\*\*\*\*\*\*\***

1. **INMATE HEARING RIGHTS (*READ TO DEFENDANT*)**

Inmate acknowledges receipt of his/her hearing rights\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disciplinary Officer Giving Rights\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_

Dated at Hemphill County Jail this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nathan Lewis, Sheriff Hemphill County, Texas

1. **WAIVER OF HEARING AND APPEAL**

*(OFFER NOT TO BE MADE LESS THAN 2 DAYS AFTER NOTICE WAS SERVED. SEE ABOVE.)*

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

Inmate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

1. **DISCIPLINARY OFFICER’S PROCEDURE AND DETERMINATION**

Date of Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inmate’s Name: SO#

Information/statements gathered during hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DECISION: GUILTY / NOT GUILTY**

*Sanctions/Restrictions Imposed*

Visitation: ............... # Days\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_

Commissary: ........... # Days\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_

Phone: .................... # Days\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_

Television: .............. # Days\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_

*Disciplinary Separation (Restricts all above privileges for duration of separation unless noted otherwise)*

Disciplinary Lockdown: #Days\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_

Disciplinary Hearing Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_