

Tracking #: \_\_\_\_\_

**DISCIPLINARY DISPOSITION REPORT**  
**(CLASS A and B OFFENSES WITHOUT RESTITUTION)**

I. Name of Facility \_\_\_\_\_ Facility Code \_\_\_\_\_ Date of Violation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Inmate \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Violation \_\_\_\_\_ Violation Code \_\_\_\_\_ Class of Offense \_\_\_\_\_  
Disposition Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ODOC # \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

II. I understand that I waive the opportunity of this case being appealed if I plead guilty to this offense.

Inmate's Name \_\_\_\_\_ ODOC # \_\_\_\_\_

PLEA: 1. Guilty \_\_\_\_\_ Inmate's Initials \_\_\_\_\_ 2. Not Guilty \_\_\_\_\_ Inmate's Initials \_\_\_\_\_

Confidential Statements: I have independently reviewed the reliability statement and have found that it sufficiently supports the reliability of the confidential witness statement(s).

Disciplinary Coordinator's Signature \_\_\_\_\_

III. Finding

1. Guilty \_\_\_\_\_ 2. Not Guilty \_\_\_\_\_

Evidence relied on for finding of Guilt: (include a brief description of the offending behavior)

IV. Discipline Imposed:	Sanction	Code	Suspension
	_____	_____	_____ for _____ days
	_____	_____	_____ for _____ days
	_____	_____	_____ for _____ days
	_____	_____	_____ for _____ days

Basis for discipline imposed: \_\_\_\_\_

Disciplinary Coordinator Printed Name and Signature \_\_\_\_\_

V. As a result of conviction for subsequent offense prior to expiration of the suspended punishment, the previous suspended punishment is hereby revoked: to run consecutive to the new punishment.

Previous Violation: \_\_\_\_\_

Previous Punishment: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Date of Imposition: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Head Review \_\_\_\_\_ Affirm \_\_\_\_\_ Dismissed \_\_\_\_\_ Modified \_\_\_\_\_ Remanded \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

VI. I have received a copy of the disposition. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Inmate's Signature and ODOC # \_\_\_\_\_

Inmates pleading not guilty may appeal to the facility head/district supervisor within 15 days.

ORIGINAL: Commitment Document Folder

FIRST COPY: Field File

SECOND COPY: Inmate

THIRD COPY: Records

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