

# INMATE'S MISCONDUCT APPEAL FORM for CLASS A and B MISCONDUCTS WITHOUT RESTITUTION

Date: \_\_\_\_\_ Facility Housing Unit: \_\_\_\_\_ Facility Where Offense Occurred: \_\_\_\_\_

Name: \_\_\_\_\_ ODOC Number: \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Offense: \_\_\_\_\_ Class of Offense: \_\_\_\_\_

Date of Disciplinary Decision: \_\_\_\_\_ Punishment Imposed: \_\_\_\_\_

Appeal Form Sent To: \_\_\_\_\_ Title: \_\_\_\_\_

You will file your appeal to the facility head/district supervisor within 15 calendar days of receipt of "Disciplinary Disposition Report (Class A and B Offenses Without Restitution) (DOC 060125C-1), notifying you of finding of guilt and/or punishment. The appeal is a review and you are limited to those grounds below, you will identify which ground is the basis for your appeal. Any alleged failure to strictly follow department procedures is not grounds for appeal. You may use the backside of this form and, if necessary, no more than one 8½" x 11" page as an attachment. Do not attach copies of ODOC or facility procedures or administrative memoranda, cases from law books, or any agency publication. Any issue not raised is waived. Appeals will be submitted in blue or black ink. Do not use highlighters. Do not write in the margins of this form.

## GROUND'S FOR APPEAL:

A. I was not:

1. ☐ provided written notice of the charge
2. ☐ provided at least 24 hours to prepare a defense
3. ☐ provided copies of evidence and/or reports (except any confidential testimony/evidence)
4. ☐ permitted the opportunity to present relevant witness/witnesses or to submit relevant written witness statements
5. ☐ permitted to present relevant documentary evidence
6. ☐ permitted to meet with the disciplinary coordinator prior to their decision
7. ☐ provided a disciplinary coordinator who had no direct involvement in the alleged rule violation

B. There was no:

1. ☐ determination of the reliability of any confidential witness testimony
2. ☐ written statement of the evidence utilized for a determination of guilt
3. ☐ written reason for the discipline imposed
4. ☐ evidence
5. ☐ staff representative assigned (if applicable)

\_\_\_\_\_  
Date Sent

\_\_\_\_\_  
Signature of Inmate

**INMATE MISCONDUCT APPEAL REVIEW FORM**  
**for CLASS A & B MISCONDUCTS WITHOUT RESTITUTION**

Appeal # \_\_\_\_\_

I. Name of Inmate \_\_\_\_\_  
Last Name First Name M.I.

Violation \_\_\_\_\_ Offense Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Disposition Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ODOC # \_\_\_\_\_

II. Review:

1. ☐ Inmate provided written notice of the charge.
2. ☐ Inmate provided at least 24 hours to prepare a response after receiving notice of the charge.
3. ☐ Inmate provided copies of evidence used. (except any confidential informant statements and only photocopies or written description of any physical evidence)
4. ☐ Inmate afforded the opportunity to call witness/witnesses.
5. ☐ Inmate permitted to present documentary evidence.
6. ☐ Inmate permitted to meet with disciplinary coordinator. If not, is there documentation as to why not?
7. ☐ Was there a determination of the reliability of any confidential informant testimony?
8. ☐ Is there a written explanation of the evidence used for a determination of guilt?
9. ☐ Is there a written reason for the discipline imposed?
10. ☐ Is there "any/some" evidence of guilt?
11. ☐ If applicable, was a staff representative/mental health staff representative assigned?
12. ☐ No direct involvement in the alleged rule violation by the disciplinary coordinator?

Finding/Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer's Printed Name and Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

III. Facility Head Action:

1. Affirm \_\_\_\_ 2. Dismissed \_\_\_\_ 3. Remand \_\_\_\_ 4. Modified \_\_\_\_

Printed Name and Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

IV. I have received a copy of the review.

Inmate Signature/ODOC#	Date
Staff Witness	Date

Original: Commitment Document Folder  
First Copy: Field File  
Second Copy: Inmate

DOC 060125L-1  
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