

ICOTS NOTICE OF PROBABLE CAUSE HEARING

Offender Name _____ ODOC Number _____

A hearing pertaining to the following alleged violations will be conducted to determine if probable cause exists regarding your probation/parole on the following case(s) CRF _____

RULE NO.	ALLEGED VIOLATION	EVIDENCE TO BE PRESENTED
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Your Probable Cause Hearing is scheduled for _____
(Date) (Time)

(Exact Location) _____ which allows ten days to notify witnesses. If you desire to waive the ten day period, your Probable Cause Hearing is scheduled for _____
(Alternate Date) (Time)

The purpose of this hearing is to determine whether or not there is reason to believe that you have violated the above rules and conditions of supervision. The only issue to be decided at the Probable Cause Hearing is whether there is evidence to indicate that you violated the terms of your probation/parole.

At the Probable Cause Hearing, you are entitled to appear, to speak in your own behalf, to present evidence and witnesses, and to confront and question your accusers and any adverse witnesses. You may request postponement of this hearing for good cause. If you wish to request postponement, your written request will be received by your officer no later than two days prior to the scheduled hearing. You also are entitled to have your attorney or another person assist you in presenting your case. If you wish to present witnesses, they will need to contact _____ (name/phone number) to make arrangements for testimony. Below are listed the witnesses who will be requested to testify for the State:

Please check and initial the appropriate response:

_____ I desire to have a probable cause hearing at the date, time and location indicated above.

_____ I desire to have a Probable Cause Hearing, but waive my ten day preparation period.

_____ I admit to the violation(s) as stated above and waive all of my procedural rights, including the right to a probable cause hearing and appeal. I understand that by admitting to the violation(s) and waiving my right to a hearing, I will be waiving extradition and agree to return to the sending state.

Signature of Offender	ODOC Number	Date
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Signature of Witness	Title	Date
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Signature of Witness	Title	Date
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(10/25)