

STAFF ADVOCATE FORM

Facility: \_\_\_\_\_ Disciplinary Report #: \_\_\_\_\_

Offender's Name: \_\_\_\_\_ Offender's ID#: \_\_\_\_\_

Disciplinary Investigator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Disciplinary Report Charges:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

I do / do not request the services of a staff advocate.

\_\_\_\_\_  
Offender's Signature/Printed Name/Date/Time

As the Staff Advocate, I shall ensure that you understand the disciplinary process and that all due process aspects of the disciplinary procedure are followed.

PRE-HEARING: The Offender shall initial after each aspect, during the interview with the Advocate that the following was accomplished:

- a. Answered your questions regarding due process and procedural aspects of the Disciplinary Hearing. \_\_\_\_\_
- b. Advised you of any alternatives in charging and sanctions that may be possible under the disciplinary procedure. For example, the possibility of a disciplinary warning report, and/or, negotiating a plea-bargaining arrangement, when appropriate. \_\_\_\_\_
- c. Met with you and discussed my responsibilities as the Staff Advocate, at least four (4) hours prior to the Disciplinary Hearing. \_\_\_\_\_
- d. Questions for the Disciplinary Hearing Officer and witnesses were submitted to the Staff Advocate at the time of interview. \_\_\_\_\_

I met with the Staff Advocate, and understand the disciplinary process and all due process aspects of the disciplinary procedure.

\_\_\_\_\_  
Offender's Signature/Printed Name

\_\_\_\_\_  
Date/Time

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POST HEARING: The Staff Advocate shall initial after each aspect, during the Disciplinary Hearing.

- e. I was notified by the Disciplinary Investigator of the names of offenders requesting representation. Also, the date and location of the Disciplinary Hearings. \_\_\_\_\_
- f. Presented questions to the Disciplinary Hearing Officer and to witnesses in the case on your behalf. \_\_\_\_\_
- g. Ensured that the Disciplinary Hearing Officer instructs you on your rights to appeal, and presented you with an appeal form. \_\_\_\_\_
- h. Advised the Warden/Superintendent of any procedural errors by the Disciplinary Hearing Officer, that might adversely affect the prison's/center's case against you, if applicable. \_\_\_\_\_

Comments:

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My signature certifies that the information stated above is accurate and true.

General Population Advocate: \_\_\_\_\_  
Signature/Printed Name/Title Date/Time

Mental Health Advocate: \_\_\_\_\_  
Signature/Printed Name/Title Date/Time

Alternate Advocate: \_\_\_\_\_  
Signature/Printed Name/Title Date/Time

**NOTE: An Alternate Advocate shall be utilized when the Primary Advocate is unable to attend the scheduled Disciplinary Hearing. The Primary and Alternate Advocates shall meet and discuss the disciplinary report at least two (2) hours prior to the scheduled Disciplinary Hearing.**

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