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

Retention Schedule: Upon completion, this form shall be placed in the offender's case history file, except for those overturned or dismissed, and shall be kept according to the official records retention schedule for institutional files.
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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:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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.

(Reproduce locally)

Retention Schedule: Upon completion, this form shall be placed in the offender's case history file, except for those overturned or dismissed, and shall be kept according to the official records retention schedule for institutional files.