NOTICE OF EXECUTIVE REVOCATION HEARING

Offender Name_____ DOC Number_____

A hearing pertaining to the following alleged violations will be conducted to determine if you have violated the rules and conditions, and if revocation of you parole is warranted on CRF:_____.

RULE NO.	ALLEGED VIOLATION	EVIDENCE TO BE PRESENTED

Your Executive Revocation Hearing will be scheduled at a later date. You will be informed of the date and location by mail from the Pardon and Parole Board.

The purpose of this hearing is to examine evidence, presented by the Department of Corrections, that you have violated the above rules and conditions of parole. At the hearing, you are entitled to appear, to speak in your own behalf, to present evidence and witnesses and to confront and question your accusers. You are also entitled to have your attorney or another person assist you in presenting your case. It is your responsibility to notify your witnesses of the date, time, and place of hearing. Below are listed the witnesses who will be requested to testify for the State:

_____

_____

Evidence presented by both you and the Department of Corrections will be summarized by the Hearing Officer and forwarded to the Governor for review with a recommendation for or against revocation and street time credit. The Governor will make the final decision concerning revocation of your parole. You will receive a copy of the Hearing Officer's report in the mail and will be notified of the Governor's decision at a later date.

You may waive this hearing if you desire. If you waive, the allegations against you, the violation reports and any documented evidence will be forwarded to the Governor for review. You will be notified of the Governor's decision at a later date. If you waive, you will not be afforded another opportunity for a hearing.

Please check and initial the appropriate response:

_____ I desire to have an Executive Revocation Hearing at the date, time and location indicated above.

_____ I waive my right to an Executive Revocation Hearing and understand that I am not entitled to another Hearing.

Signature of Offender	DOC Number	Date
Signature of Witness	Title	Date
Signature of Witness	Title	Date