

NOTICE OF PROBABLE CAUSE HEARING

Offender _____ DOC Number _____

A hearing pertaining to the following alleged violations will be conducted to determine if Probable Cause exists to conduct a parole revocation hearing regarding your 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 (10) 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 parole. 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 parole. Consideration for street time is not a function of this hearing and will not be discussed. If such evidence is found, the issues of whether you in fact committed the violations and any mitigating evidence will be considered at a later hearing. (Executive Parole Revocation Hearing)

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. You may request postponement of this hearing for good cause. If you wish to request postponement, your written request must be received by your parole officer no later than two (2) days prior to the scheduled hearing. You also are 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 the hearing. Below are listed the witnesses who will be requested to testify for the State:

You may waive this hearing if you desire. Waiving this hearing will automatically establish probable cause, and an Executive Revocation Hearing will be held at a later date. Please check and initial the appropriate response:

_____ I desire to have a Probable Cause Hearing at the date, time and location indicated above.

_____ I waive my right to a Probable Cause Hearing and understand that I am still entitled to an Executive Revocation Hearing.

Signature of Offender DOC Number Date

Signature of Witness Title Date

Signature of Witness Title Date