

Findings of Administrative Hearing Officer

Name		DOC Number	
County of Conviction		Sentencing Judge	
Offense		CRF Number	Date of Sentence
County of Supervision		Supervising Officer	
Date and Time of Hearing		Location of Hearing	

Based upon information provided and documentation reviewed, I hereby find the following:

_____ There is insufficient evidence to support the alleged violation.

_____ There is sufficient evidence to support the alleged violation.

Violation(s): _____

Evidence Relied Upon For Finding: _____

Intermediate Sanctions Imposed: _____

Basis for Sanctions Imposed: _____

Date

Administrative Hearing Officer

_____ I accept the imposed sanction. I understand that by accepting the sanction, I waive my right to appeal the finding to the sentencing court.

_____ I do not accept the imposed sanction. I understand that I have the right to appeal the findings to the sentencing court within five working days. I understand that it is my responsibility to complete the appeal form and have such filed with the court clerk of the above referenced county. I understand that I must provide the sentencing judge's clerk with a copy of the file stamped appeal to be placed on the hearing docket. I also must provide my supervising officer with a copy of the file stamped appeal.

By my signature, I acknowledge that I have received a copy of this finding and that my right to appeal this finding has been explained to me.

Date

Offender Signature