

**State of Vermont Department of Corrections
Discipline Waiver of Appearance/Hearing/Refusal to Appear**



Docket number: _____ PID # _____

A. Waiver of Appearance at Hearing

I, _____ (DOB: _____) have been advised of my right to appear at my Disciplinary Hearing regarding the charge that I violated:

The hearing has been scheduled for _____ hours on _____ .

Check one box:

I do **not** wish to appear at this Disciplinary Hearing, and I hereby waive that right. I realize that by waiving my right to appear or have a hearing on this matter I am admitting my guilt and/or admitting that a preponderance of the evidence supports my being found guilty of the Major disciplinary infraction that I have been accused of. I hereby accept the Disciplinary Sanction of:

I do not wish to appear, and I state that I am not guilty.

Inmate Signature: _____ Date: _____ Time: _____

Staff Signature: _____ Date: _____ Time: _____

Superintendent Signature: _____ Date: _____ Time: _____

B. Refusal to Appear at Hearing

I saw _____ on _____ at _____ hours and advised the inmate of the right to appear before the Hearing Officer on _____ .

The inmate declined to appear at the Disciplinary Hearing but refused to sign *A Waiver of Appearance*.

Staff Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____