

**ALAMEDA COUNTY SHERIFF'S OFFICE
NOTICE OF DISCIPLINARY ACTION PENDING**

INMATE: _____ PFN _____ DATE OF VIOLATION: _____
REPORT#: _____ WRITTEN BY: _____ DATE OF NOTICE: _____
DEPUTY MAKING SERVICE: _____ DATE: _____ TIME: _____
VIOLATIONS ALLEGED: _____

NOTICE OF HEARING

You are eligible to have your case presented to the Inmate Disciplinary Hearing Officer. You have been furnished with a copy of the disciplinary report during this interview. If you are illiterate, or if the complexity of the issue makes it unlikely that you will be able to collect and present evidence necessary for an adequate defense of the case, you may have the right to a Council Substitute. Your Council Substitute may be another inmate or staff member at this facility. You have the right to have witnesses in your behalf. You may not have more than three (3) witnesses. They must be located at this facility, and they cannot be compelled to testify against their will. Witnesses and Council Substitute must be furnished to the Hearing Officer prior to the hearing. The interviewing officer shall list witnesses on this form.

If you choose to waive your right to a hearing, this matter will be referred to the Facility Commander with the following recommended action. Note that the Facility Commander has the final say as to what, if any, disciplinary action is imposed.

RECOMMENDATION: _____

Do you understand these procedural safeguards?	Yes: _____	No: _____	Refused to Answer: _____
Do you waive your rights to a hearing?	Yes: _____	No: _____	Refused to Answer: _____
Do you request a Council Substitute?	Yes: _____	No: _____	Refused to Answer: _____
Do you waive your right a 24-hour waiting period?	Yes: _____	No: _____	Refused to Answer: _____

Name of Council Substitute: _____ Status: _____

NAMES OF WITNESSES:

IN THE EVENT THAT YOU REFUSE TO ANSWER ANY QUESTIONS ON THIS FORM, IT WILL BE DEEMED THAT YOU DO NOT UNDERSTAND THE PROCEDURE AND YOUR SAFEGUARDS. IT WILL ALSO BE UNDERSTOOD THAT YOUR REFUSAL TO ANSWER CONSTITUTES YOUR REQUEST FOR A HEARING:

Inmate's Signature: _____ Refused To Sign: _____
(Print Deputy Name & Badge # & Initial)