



DR# _____

DUE PROCESS HEARING FORM**YOUTH NOTIFICATION OF HEARING**

The disciplinary hearing is scheduled for: Date: _____ Time: _____

YES NO

☐ ☐ I waive, by my own free will and without coercion or promise of reward, my right to 24 hours advance notice of the hearing.☐ ☐ I waive, by my own free will and without coercion or promise of reward, my right to be present for my hearing.☐ ☐ I request the services of a staff advocate. Staff requested: _____☐ ☐ I want witnesses. Names of witnesses: _____

Youth's Signature: _____

Hearing Officer's Signature: _____

Date: _____ Time: _____

Date: _____ Time: _____

STAFF ADVOCATE☐ **No Advocate Requested by Youth**Is youth on the mental health caseload? ☐ Yes ☐ No

Advocate's Recommendation:

Advocate's Signature: _____ Date: _____ Time: _____

	CHARGE	PLEA	FINDING	SANCTION
#1		<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
#2		<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
#3		<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
#4		<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
#5		<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	

JUSTIFICATION FOR FINDINGS:**YOUTH NOTIFICATION:**

YES NO

☐ ☐ I was notified of my due process rights☐ ☐ I have read or had read to me the above decision regarding this hearing☐ ☐ I would like to appeal this decision to the Director (if yes, give youth the Appeal form)

Youth's Signature: _____

Hearing Officer's Signature: _____

Date: _____ Time: _____

Date: _____ Time: _____

DIRECTOR'S REVIEW:

I have read the evidence in this case and have reached the following decision:

☐ Uphold the decision of the hearing officer.☐ Change the decision as follows:

Director's Signature: _____ Date: _____ Time: _____