



KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 11-119	PAGE NUMBER 1 of 4
		SUBJECT: DECISION MAKING: Documentation of the Disciplinary Process	
Approved By:  Secretary of Corrections		Original Date Issued: 02-15-02	
		Current Amendment Effective: 12-11-13	
		Replaces Amendment Issued: 11-13-09	

POLICY

In order to ensure documentation of fair and consistent disciplinary practices that serve to protect the public, staff, inmates, and maintain order in KDOC facilities, and that also ensure inmates' due process rights, the procedures contained in this IMPP shall be followed by all KDOC facilities. Inmate discipline shall be in accordance with Article 44-12 through 44-13 of the Kansas Administrative Regulations. The attached forms shall be employed in the processing of all disciplinary cases throughout the KDOC. Any disciplinary action shall be imaged in its entirety, and placed appropriately within the imaged disciplinary files as set forth within the procedures of this document.

DEFINITIONS

None.

PROCEDURES

- I. **The disciplinary case shall contain the following documents. However, the case shall not be limited to these documents if other materials are included in the case:**
 - A. Summary Judgment Citation (Attachment A)
(K.A.R. 44-13-101, 44-13-201b, 44-13-501, as amended.)
 - B. Disciplinary Report (Attachment B)
(K.A.R. 44-13-101, 44-13-201, 44-13-201a, 44-13-306, 44-13-501, 44-13-508, 44-13-509, as amended.)
 1. Unit Manager's Disposition and Hearing Record (Attachment B1)
 2. Diversion Agreement (Attachment B2)
 3. Notification of Diversion Agreement and Request for Continuance (Attachment B3)
 - C. Inmate Request for Witness, (Attachment C)
(K.A.R. 44-13-101, 44-13-306, 44-13-307, 44-13-405a, 44-13-502a, as amended.)
 - D. Summons (K.A.R. 44-13-101, 44-13-401, as amended.)
 1. Inmate Disciplinary Summons (Attachment D1)
 2. Inmate Witness Summons (Attachment D2)
 3. Staff Witness Summons (Attachment D3)
 - E. Disciplinary Appeal to the Secretary (Attachment E)
(K.A.R. 44-13-101, 44-13-703, 44-13-704, as amended.)

1. The Disciplinary Administrator shall have five (5) working days to prepare the appeal and forward to the Secretary of Corrections or Designee.
- F. Disciplinary Appeal to the Warden (Attachment F)
(K.A.R. 44-13-101, 44-13-702, as amended.)
- G. Disposition of Disciplinary Appeal Acknowledgement (Attachment G)
1. The Disciplinary Administrator shall have five (5) working days to prepare the appeal and forward to the Warden.
- H. Credibility Assessment Work Sheet (Attachment H1, H2, H3)
(K.A.R. 44-13-101, 44-13-403, 44-13-502a, as amended.)
- I. Acknowledgments/Inmate Waiver of Rights (Attachment I)
(K.A.R. 44-12-1301 *et seq.*, K.A.R. 44-13-101, 44-13-101a, 44-13-201, 44-13-306, 44-13-401, 44-13-403 as amended.)
- J. Staff Assistance (Attachment J)
(K.A.R. 44-13-101, 44-13-306, 44-13-403, 44-13-408, as amended.)
- K. Plea of Guilty/No Contest by Inmate (Attachment K)
(K.A.R. 44-13-101, 44-13-101a, 44-13-201, 44-13-403, 44-13-502a, as amended.)
- L. Disposition and Hearing Record (Attachment L1, L2, L3)
(K.A.R. 44-13-101, 44-13-202, 44-13-403, 44-13-406, 44-13-502a, 44-13-506, 44-13-508, 44-13-701, as amended.)
- M. Continuance/Recess Log (Attachment M)
(K.A.R. 44-13-101, 44-13-402, 44-13-509, as amended.)

II. Imaging Disciplinary Case Records

- A. Cases wherein there is a finding of guilt shall be imaged in their entirety under Tab L-3, and include the documents referenced above.
- B. Cases that have been dismissed, revoked, or resolved in either a finding of not guilty or a completed diversion shall be imaged and include the documents referenced above.
1. These documents shall be imaged in Tab DN-1, Dismissed/Not Guilty Disciplinary Reports, and DocType, DISNGDR, Dismissed/Not Guilty DRs.
 2. Once the document is scanned and indexed, Legal Counsel and the Secretary's Designee for Disciplinary will have access to view the document:
- C. Disciplinary cases shall be imaged as soon as the administrative review set forth in K.A.R. 44-13-701 is completed and the inmate has signed for receipt of the final action.
1. Facility staff shall have 10 days to image the disciplinary case once the inmate has signed the receipt and notice.
 2. Imaging shall be updated following a decision on an appeal per K.A.R. 44-13-701. If the appeal results in the disciplinary conviction being revoked, the case records will need to be re-indexed under Tab DN-1.

III. Court Mandates

- A. Those cases that have gone to District Court and the Court has ruled in favor of the inmate shall be re-indexed under Tab DN-I, Dismissed/Not Guilty Disciplinary Reports, and Doc Type, DISNGDR, Dismissed/Not Guilty DR's. The District Court Mandate shall be Included with the re-indexed disciplinary case.
- B. Those cases that have gone to District Court and the Court has ruled in favor of the Department the Court mandate shall be indexed under Tab L-3 Incident & Disciplinary Report, and Doc Type, DSCTMAND (Disciplinary Court Mandate).
 - 1. If the District Court orders a rehearing, the case shall be indexed as a new case and the District Court Mandate included in the rehearing documents.
- C. Appeals to either or both the Kansas Court of Appeals and Kansas Supreme Court shall be duly recorded and imaged under the appropriate scenario above, III.A., III.B., or III.B.1.

IV. Documentation and Implementation of a Diversion Agreement

- A. In any case where a diversion agreement is entered into under the provisions of K.A.R. 44-13-201a, the terms of the diversion agreement shall become a permanent part of the disciplinary record.
- B. To the extent that the inmate complies with his/her obligations under the terms of the diversion agreement, all KDOC officials, including officials of any facility to which the inmate may be transferred subsequent to the execution of the diversion agreement, shall give full faith and credit to the agreement, and shall honor the terms contained therein.
- C. The terms of diversion agreements shall be consistent with a good faith application of cognitive theory.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities who are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None

REFERENCES

K.A.R. 44-12-1301, 44-13-101,44-13-101a, 44-13-201, 44-13-201a, 44-13-201b, 44-13-202, 44-13-306, 44-13-307, 44-13-401, 44-13-402, 44-13-403, 44-13-405a, 44-13-406, 44-13-408, 44-13-501, 44-13-502a, 44-13-506, 44-13-508, 44-13-509, 44-13-701, 44-13-702, 44-13-703, 44-13-704

ATTACHMENTS

Attachment A – Summary Judgment Citation; 1 page
Attachment B – Disciplinary Report; 1 page
Attachment B1 – Unit Manager's Disposition and Hearing Record; 1 page
Attachment B2 – Diversion Agreement; 1 page
Attachment B3 – Notification of Diversion Agreement and Request for Continuance; 1 page
Attachment C – Inmate Request for Witness; 1 page

Attachment D1 – Inmate Disciplinary Summons; 1 page
Attachment D2 – Inmate Witness Summons; 1 page
Attachment D3 – Staff Witness Summons; 1 page
Attachment E – Disciplinary Appeal to the Secretary; 1 page
Attachment F – Disciplinary Appeal to the Warden; 1 page
Attachment G – Disposition of Disciplinary Appeal Acknowledgement; 1 page
Attachment H1 – Credibility Assessment Worksheet; 1 page
Attachment H2 – Confidential Testimony Provided by Inmate Informant; 1 page
Attachment H3 – Confidential Testimony Provided by E.A.I.; 1 page
Attachment I – Acknowledgment s/Inmate Waiver of Rights; 1 pages
Attachment J – Staff Assistance; 1 page
Attachment K – Plea of Guilty/No Contest by Inmate; 1 page
Attachment L – Disposition and Hearing Record; 3 page
Attachment M – Continuance/Recess Log; 1 page

**SUMMARY JUDGEMENT CITATION
DISCIPLINARY REPORT**

CITATION NO. _____

(FACILITY)

Case No.	Date of Alleged Violation:	Time:	A.M. / P.M.
Date This Report Written:		Time:	A.M. / P.M.

Name of Inmate	_____	No.	_____	Cell No:	_____
	LAST	FIRST	MI		
Duty Assignment:	_____				

Alleged Violation of Law or Rule (*Identify by Code No., Short Title, and Class*) _____

FACTS: _____

I received a copy of this report on _____, _____, _____
 (Date) (Time) (Inmate Signature & No)

I served a copy of this report on _____, _____, _____
 (Date) (Time) (Signature & Title)

Staff Witnesses: _____ (Signature) _____

 Printed Name and Title of Employee Writing Report

Approved by: _____
 (Shift Supervisor or Unit Team Manager & Title)

I declare (or verify, certify or state) under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Executed on _____ Signature _____

Summary Judgment sanction: Select one

Restriction from privileges for up to _____ days (Not to exceed 10 days).

Fine of \$_____ (Not to exceed \$10.00).

Extra work w/o incentive pay for _____ days, _____ hours per day (Not to exceed 5 days or 2 hrs. per day).

Work without incentive pay for _____ days. (Not to exceed 5 days).

Restitution of \$_____. (Not less than \$3.00 nor more than \$10.00).

I plead **guilty** or **no contest.**

I understand that I waive my right to a formal disposition hearing, and all other time limits or process afforded by K.A.R. Chapter 44, Article 13; or

I refuse summary judgment on _____, _____
 Date Time

Inmate signature of acceptance or refusal is required: _____
 Inmate Signature & No.

Technical and clerical errors in the writing and / or processing of the Disciplinary report shall not be grounds for dismissal, unless there is substantial prejudice to the inmate, which is the burden of the inmate to provide. Pursuit to K.A.R. 44-13-707. Harmless error; Plain error.

DISCIPLINARY REPORT

(FACILITY)

Case No. _____	Date of Alleged Violation: _____	Time: _____	A.M. / P.M.
Date This Report Written: _____		Time: _____	A.M. / P.M.

Name of Inmate: _____ No. _____ Cell No: _____
 LAST FIRST MI

Duty Assignment: _____

Alleged Violation of Law or Rule *(Identify by Code No., Short Title, and Class)* _____

FACTS: _____

 (Attach Additional Sheet(s) if necessary)

Staff Witnesses: _____ (Signature) _____

 _____ Printed Name and Title of Employee Writing Report

Approved by: _____
 (Shift Supervisor, Unit Team Manager & Title)

I declare (or verify, certify or state) under penalty of perjury that the foregoing is true and correct.

Executed on _____ Signature _____

I received a copy of this report on _____, _____, _____
 (Date) (Time) (Inmate Signature & No)

I served a copy of this report _____, _____, _____
 (Date) (Time) (Signature of Officer or Unit Team Manager & Title)

Technical and clerical errors in the writing and / or processing of the Disciplinary report shall not be grounds for dismissal, unless there is substantial prejudice to the inmate, which is the burden of the inmate to provide. Pursuit to K.A.R. 44-13-707. Harmless error; Plain error.

UNIT MANAGER'S DISPOSITION AND HEARING RECORD

INMATE NAME & NO:

FACILITY:

CASE NO:

HEARING:
DATE

CHARGING

HEARING

TIME:

_____ Diversion in accordance with 44-13-201a (Complete Attachment B2 and B3)

_____ Summary Judgment sanction: Select one

- Restriction from privileges for up to _____ days (Not to exceed 10 days).
- Fine of \$ _____ (Not to exceed \$10.00).
- Extra work w/o incentive pay for _____ days, _____ hours per day (Not to exceed 5 days or 2 hrs per day).
- Work without incentive pay for _____ days. (Not to exceed 5 days).
- Restitution of \$ _____. (Not less than \$3.00 nor more than \$10.00).

I plead guilty or no contest.

Plea Of: ___ Guilty ___ No Contest (Include Attachment K)

Applicable offense class penalty(ies) in accordance with 44-12-1301, 44-12-1302, or 44-12-1303

Sanction(s): _____

Unit Manager's Signature: _____ Date: _____

Inmate's Signature: _____ Date: _____

I received a Copy of the Hearing Record.

INMATE SIGNATURE

DATE

I served a copy of the Hearing Record

STAFF SIGNATURE

DATE

Technical and clerical errors in the writing and/or processing of the Disciplinary Report shall not be grounds for dismissal, unless there is substantial prejudice to the inmate, which is the burden of the inmate to prove. Pursuant to K.A.R. 44-13-707, Harmless error; plain error.

**DIVERSION AGREEMENT
RISK REDUCTION DISCIPLINARY PROCESS
K.A.R. 44-13-201a**

Inmate: _____ **KDOC #:** _____

Date: _____ **Facility:** _____

I, _____, agree to complete the interventions as “rehabilitative response” for my behavior shown on Disciplinary Report # _____ that I received on _____.

My signature on this document validates that I am in agreement with this diversion process and I will complete the following interventions within the next ___ days.

- 1.
- 2.
- 3.

If I fail to complete the interventions listed or if I receive another Disciplinary Report within ___ days, I am aware that I automatically forfeit my opportunity for diversion of prosecution of this Disciplinary Report and the proceedings on DR # _____ will follow the Disciplinary Process per 44-13-101, et seq.

As part of the agreement, I am giving up any right I may have under the regulations to have the disciplinary report heard within certain time limits and I agree to continue this case while I complete the interventions. I also agree that the determination as to whether I have completed the interventions appropriately is solely up to the Unit Team Manager. I agree to abide by that Manager’s decision, and further agree and acknowledge that the decision is final, and not subject to appeal pursuant to K.A.R. 44-13-101, et seq., nor to review under the inmate grievance procedure or any other administrative remedial procedure.

Inmate/number: _____ **Date:** _____

Reporting Officer: _____ **Date:** _____

Unit Team Manager: _____ **Date:** _____

To the extent that the inmate complies with his or her obligations under the terms of the diversion agreement, all KDOC officials, including officials of any facility to which the inmate may be transferred subsequent to the execution of the diversion agreement, shall give full faith and credit to the agreement, and shall honor the terms contained therein.

**NOTIFICATION OF DIVERSION AGREEMENT
AND REQUEST FOR CONTINUANCE**

DATE:

To: Disciplinary Administrator

From: _____
Unit Manager

Subject: Request _____ Days Continuance

**Request the following inmate be placed on _____ days Diversion. The inmate meets the
criteria due to the following reason(s): _____**

Inmate Name

Inmate Number

Disciplinary Case #

Start Date

The inmate has successfully completed the diversion process:

Staff Name/Title

Completion Date

Staff Signature

Inmate Name / No:	Case No:	Facility:
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INMATE REQUEST FOR WITNESS

I, _____, waive my right to request witness(es).

I, _____, request that the following person:

_____ Inmate No: _____ Staff

Title _____

The above named witness will testify as follows: _____

In lieu of personal appearance of witness,

I hereby waive the above witness.

Inmate's Initials

see attached notarized witness testimony submitted:

Inmate's Initials

Inmate Signed: _____

Date: _____

Housing Unit Staff: _____

Date: _____

Time: _____

Request Approved Request Disapproved Reason: (KAR 44-13-405a) _____

Signature: _____ Date: _____

Hearing Officer

This form shall be completed and submitted to the Housing Unit Staff within 48 hours of receipt of the Disciplinary Report .

INMATE REQUEST FOR WITNESS

I, _____, waive my right to request witness(es).

I, _____, request that the following person:

_____ Inmate, No: _____ Staff

Title _____

The above named witness will testify as follows: _____

In lieu of personal appearance of witness,

I hereby waive the above witness.

Inmate's Initials

see attached notarized witness testimony submitted:

Inmate's Initials

Inmate Signed: _____

Date: _____

Housing Unit Staff: _____

Date: _____

Time: _____

Request Approved Request Disapproved Reason: (KAR 44-13-405a) _____

Signature: _____ Date: _____

Hearing Officer

This form shall be completed and submitted to the Housing Unit Staff within 48 hours of receipt of the Disciplinary Report.

KANSAS DEPARTMENT OF CORRECTIONS
DISCIPLINARY OFFICE
INMATE DISCIPLINARY SUMMONS

TO: _____ DATE: _____
 INMATE NAME NUMBER

HOUSING UNIT/CELL: _____

CASE NO.: _____

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE A HEARING OFFICER AS DEFENDANT IN THE ABOVE REFERENCED CASE.

TIME: _____

DATE: _____

LOCATION: _____

FAILURE TO REPORT WILL RESULT IN THE ISSUANCE OF A DISCIPLINARY REPORT FOR THE VIOLATION OF K.A.R. 44-12-501; A CLASS III OFFENSE.

INMATE SIGNATURE: _____

STAFF SIGNATURE: _____

SERVED: _____
 DATE TIME

PLEASE RETURN ORIGINAL SUMMONS TO THE DISCIPLINARY ADMINISTRATOR'S OFFICE. GIVE THE INMATE THE COPY FOR HIS RECORDS.

KANSAS DEPARTMENT OF CORRECTIONS
DISCIPLINARY OFFICE
INMATE WITNESS SUMMONS

TO: _____	DATE: _____
INMATE NAME	NUMBER
HOUSING UNIT/CELL: _____	CASE NO.: _____
CHARGED INMATE: _____	NUMBER
NAME	

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE A HEARING OFFICER AS WITNESS IN THE ABOVE-REFERENCED CASE.

TIME: _____

DATE: _____

LOCATION: _____

FAILURE TO REPORT WILL RESULT IN THE ISSUANCE OF A DISCIPLINARY REPORT FOR THE VIOLATION OF K.A.R. 44-12-501; A CLASS III OFFENSE.

INMATE SIGNATURE: _____	
STAFF SIGNATURE: _____	
SERVED: _____	
DATE	TIME

PLEASE RETURN ORIGINAL SUMMONS TO THE DISCIPLINARY ADMINISTRATOR'S OFFICE. GIVE THE INMATE THE COPY FOR HIS RECORDS.

KANSAS DEPARTMENT OF CORRECTIONS
DISCIPLINARY OFFICE
STAFF WITNESS SUMMONS

TO: _____ STAFF NAME	DATE: _____
SHIFT: _____	
CASE NO.: _____	
CHARGED INMATE: _____ NAME	NUMBER

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE A HEARING OFFICER AS WITNESS IN THE ABOVE REFERENCED CASE.

TIME: _____

DATE: _____

LOCATION: _____

IF YOU ARE UNABLE TO ANSWER THIS SUMMONS DUE TO ILLNESS OR OTHER REASONS CONTACT THE DISCIPLINARY ADMINISTRATOR BY PHONE OR IN WRITING PRIOR TO YOUR SCHEDULED APPEARANCE.

FAILURE TO ANSWER THIS SUMMONS MAY RESULT IN DISMISSAL OF CHARGES.

SIGNATURE OF STAFF WITNESS: _____	DATE: _____
SUPERVISOR SIGNATURE: _____	DATE: _____

SIGN THE ORIGINAL SUMMONS AND RETURN TO THE DISCIPLINARY ADMINISTRATOR'S OFFICE. KEEP THE COPY FOR YOUR RECORDS.

KANSAS DEPARTMENT OF CORRECTIONS

**DISCIPLINARY APPEAL TO THE SECRETARY
CLASS I & II**

Inmate Name:	No:	Case No:
Date of Filing Appeal:	Facility Hearing DR:	
Date Received Copy of Disposition	Returned Appeal to Facility:	

I Am Appealing the Decision of the Hearing Officer Because:

(Attach Additional Sheet(s) if Necessary)

Inmate Signature: _____	Date: _____
Received By: Date Time Initials	Date Time Initials
Unit Team _____	Disciplinary Officer _____

Facility Legal Counsel Responsive Argument: _____

Signature: _____ Date: _____

<p>Your Appeal Has Been Reviewed and it is found that:</p> <p><input type="checkbox"/> Substantial compliance with Departmental and Facility Standards and Procedures</p> <p><input type="checkbox"/> Hearing Officer's decision was based on some evidence</p> <p><input type="checkbox"/> The Penalty imposed was appropriate and proportionate to the offense.</p> <p><input type="checkbox"/> Guilty plea or no contest, no showing 44-13-703(d)(1)(2)(3)</p>	<p>Secretary's/Designee's Final Decision:</p> <p><input type="checkbox"/> Approve the decision</p> <p><input type="checkbox"/> Reinstate dismissed charges; remand new hearing</p> <p><input type="checkbox"/> Amend charges (44-13-202)</p> <p><input type="checkbox"/> Disapprove/Dismiss</p> <p><input type="checkbox"/> Reduce the penalty</p> <p><input type="checkbox"/> Suspend sentence</p> <p><input type="checkbox"/> Remand new hearing</p> <p><input type="checkbox"/> Remand for clarification of record</p> <p><input type="checkbox"/> Reduce to summary judgment</p> <p style="margin-left: 20px;">- restriction from privileges up to 10 days</p> <p style="margin-left: 20px;">- fine not exceed \$10</p> <p style="margin-left: 20px;">- extra work w/o incentive pay not more than 2 hrs/day no more than 5 days</p> <p style="margin-left: 20px;">- work w/o incentive pay not to exceed 5 days</p> <p style="margin-left: 20px;">- restitution not less than \$3.00 nor more than \$20.00</p> <p><input type="checkbox"/> Remand with instructions</p>
<p>Comments: _____</p> <p>_____</p>	

Secretary's/ Designee's Signature: _____ **Date:** _____

Technical and clerical errors in the writing and / or processing of the Disciplinary report shall not be grounds for dismissal, unless there is substantial prejudice to the inmate, which is the burden of the inmate to provide. Pursuit to K.A.R. 44-13-707. Harmless error: Plain error.

KANSAS DEPARTMENT OF CORRECTIONS

DISCIPLINARY APPEAL TO THE WARDEN CLASS III

DISCIPLINARY APPEAL TO THE WARDEN CLASS III		
Inmate Name:	No:	Case No:
Date of Filing Appeal:	Facility Hearing DR:	
Date Received Copy of Disposition	Returned Appeal to Facility:	
I Am Appealing the Decision of the Hearing Officer Because:		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
(Attach Additional Sheet(s) if Necessary)		
Inmate Signature:		Date:
Received By:	Date Time Initials	Date Time Initials
Unit Team		Disciplinary Officer
Facility Legal Counsel Responsive Argument: _____		
Signature: _____ Date: _____		
Your Appeal Has Been Reviewed and it is found that:		Warden's/Designee's Final Decision:
<input type="checkbox"/> Substantial compliance with Departmental and Facility Standards and Procedures <input type="checkbox"/> Hearing Officer's decision was based on some evidence <input type="checkbox"/> The Penalty imposed was appropriate and proportionate to the offense. <input type="checkbox"/> Guilty plea or no contest, no showing 44-13-703(d)(1)(2)(3)		<input type="checkbox"/> Approve the decision <input type="checkbox"/> Reinstate dismissed charges; remand new hearing <input type="checkbox"/> Amend charges (44-13-202) <input type="checkbox"/> Disapprove/Dismiss <input type="checkbox"/> Reduce the penalty <input type="checkbox"/> Suspend sentence <input type="checkbox"/> Remand new hearing <input type="checkbox"/> Remand for clarification of record <input type="checkbox"/> Reduce to summary judgment - restriction from privileges up to 10 days - fine not exceed \$10 - extra work w/o incentive pay not more than 2 hrs/day no more than 5 days - work w/o incentive pay not to exceed 5 days - restitution not less than \$3.00 nor more than \$20.00 <input type="checkbox"/> Remand with instructions
Comments: _____		
Warden's/ Designee's Signature:		Date:
<small>Technical and clerical errors in the writing and / or processing of the Disciplinary report shall not be grounds for dismissal, unless there is substantial prejudice to the inmate, which is the burden of the inmate to provide. Pursuit to K.A.R. 44-13-707. Harmless error: Plain error.</small>		

KANSAS DEPARTMENT OF CORRECTIONS
DISCIPLINARY OFFICE

DISPOSITION OF DISCIPLINARY APPEAL ACKNOWLEDGEMENT

TO: _____ **DATE:** _____
INMATE NAME NUMBER

CASE NO: _____

ATTACHED IS THE DISPOSITION OF YOUR APPEAL OF YOUR DISCIPLINARY CASE REFERENCED ABOVE

SIGNATURE ACKNOWLEDGES RECEIPT OF APPEAL RESPONSE ONLY

DATE

INMATE SIGNATURE

DATE

STAFF SIGNATURE

RETURN TO DISCIPLINARY OFFICE

(GOLDENROD PAPER ONLY)

CREDIBILITY ASSESSMENT WORKSHEET

Inmate Informant:	<input type="text"/>	No:	<input type="text"/>
Inmate Charged:	<input type="text"/>	No:	<input type="text"/>
Case No:	<input type="text"/>		

SOURCE OF INFORMATION:

Informant Testimony Investigation Reports

FACTORS USED IN EVALUATING THE CREDIBILITY OF THE WITNESS

<input type="checkbox"/> Appearance and demeanor.	<input type="checkbox"/> Previously provided reliable evidence.
<input type="checkbox"/> Disciplinary or criminal history.	<input type="checkbox"/> Record or reputation for lying or honesty.
<input type="checkbox"/> Testimony against the witness's own interests.	<input type="checkbox"/> Consistency of statements.
<input type="checkbox"/> Possible ulterior motive in making the statement.	<input type="checkbox"/> Detail provided.
<input type="checkbox"/> Statement corroborated by other evidence.	<input checked="" type="checkbox"/> Willingness to appear and answer the questions.
<input type="checkbox"/> Witness could have observed facts related.	<input type="checkbox"/> Professional experience and judgment of staff member.
<input type="checkbox"/> Physical evidence constitutes a part of this investigation.	<input type="checkbox"/> Chemical testing done.

Please briefly indicate why the witness was found credible or not credible.

HEARING OFFICER

DATE

(GOLDENROD PAPER ONLY)

CONFIDENTIAL TESTIMONY PROVIDED BY E.A.I.

Inmate Informant:	<input type="text"/>	No:	<input type="text"/>
Inmate Charged:	<input type="text"/>	No:	<input type="text"/>
Case No:	<input type="text"/>		

Summary by E.A.I. may include: (Reliability of the informant in the past; truthfulness of details verified through investigation, corroborating testimony.)

Date

Investigator's Signature

ACKNOWLEDGMENTS/INMATE WAIVER OF RIGHTS

INMATE NAME/NUMBER: _____

CASE NO:

ACKNOWLEDGMENTS

- I received a copy of the Disciplinary Report and was advised of the charge within 48 hours after issuance of the report.
- I submitted request for Witness Form within 48 hours after receipt of the Disciplinary report.
- I received at least 24 hour notice of the time of the hearing.
- I was advised at the beginning of the hearing of the amount of restitution proposed and had opportunity to submit contrary evidence regarding value.
- I was advised as to the possible penalty involved with a plea or a finding of guilty.

WAIVERS

Inmate's Initials

- I Waive time limits or other procedure(s) as stated below:

Time limits Waiver or other procedure(s): _____

- I Waive reporting officer/reporting staff member testifying. Class I cases. **Inmate's Initials**

Inmate Signature: _____ No: _____ Date: _____

Hearing Officer: _____ Date: _____

STAFF ASSISTANCE

INMATE:	NUMBER:	CASE NO:
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The above-named inmate appeared before this Hearing Officer on the below date, and based on my personal observation and conversation with this inmate, I find that the inmate:

IS IS NOT IN NEED OF STAFF ASSISTANCE IN ACCORDANCE WITH KAR 44-13-408.

If finding is that inmate is in need of staff assistance, specify the reason(s)

- The inmate incapable of self-representation due to physical or mental disability, whether temporary or permanent;
- The inmate is illiterate in the English language;
- The charge is too complex for the inmate to readily comprehend or defend against;
- There will be testimony or other evidence given either directly or indirectly, by a confidential inmate informant or witness;
- The inmate either refuses to attend, or has been removed from the hearing; or
- Any other circumstance exists that in the judgment of the hearing officer, substantially impairs the inmate's ability to participate meaningfully in the inmate's defense. Explain:

DATE

HEARING OFFICER'S SIGNATURE

If the above box denoting the inmate REQUIRES assistance is checked, assistance shall be provided.

ASSISTED BY: _____

PLEA OF: GUILTY NO CONTEST BY INMATE

CASE #	<input style="width: 90%;" type="text"/>	
NAME:	<input style="width: 90%;" type="text"/>	NUMBER: <input style="width: 80%;" type="text"/>
HEARING DATE:	<input style="width: 80%;" type="text"/>	HEARING OFFICER: <input style="width: 90%;" type="text"/>
RULE VIOLATION(S):	<input style="width: 95%;" type="text"/>	

WAIVER:

(To be read to inmate)

YES NO

Inmate's
Initials

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you understand the charges against you? | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you understand the penalty or penalties the Hearing Officer may set for the rule violation(s) you are pleading to? (If answer is "NO", read the penalties for each violation from rule book.) | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you understand that with your plea, that you may be able to appeal under limited circumstance per 44-13-703(d)(1)(2)(3)? | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you understand that with your plea that you are waiving your right to a full hearing before a Hearing Officer? | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. You waive your right to be confronted with the evidence against you? | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. You waive your right to cross-examine the witness(es) against you? | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. You waive your right to remain silent and to be presumed innocent until proven guilty by preponderance of the evidence? | <input style="width: 90%;" type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have any promises, threats or inducements been made to you in exchange for your plea? | <input style="width: 90%;" type="text"/> |

Hearing Officer/Unit Manager Signature

Date

Inmate Signature

Number

Date

DISPOSITION AND HEARING RECORD

INMATE NAME & NO: _____

FACILITY: _____ **CASE NO:** _____ **HEARING: DATE:** _____

CHARGING _____ **HEARING** _____ **TIME:** _____

Violation	Class	Amended Violation	Amended Class	Plea	Finding
_____	_____	_____	_____	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> NC	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> DISM.
Reason: _____					
_____	_____	_____	_____	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> NC	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> DISM.
Reason: _____					
_____	_____	_____	_____	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> NC	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> DISM.
Reason: _____					
_____	_____	_____	_____	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> NC	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> DISM.
Reason: _____					
_____	_____	_____	_____	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> NC	<input type="checkbox"/> G <input type="checkbox"/> N/G <input type="checkbox"/> DISM.
Reason: _____					

Reporting Officer Sworn In / Affirmed Testimony Read into the Record

Staff Testimony / Cross Examination (Attach Testimony)

Inmate Sworn in / Affirmed

Hearing held Inabsentia Reason _____

Staff Assistant Assigned: _____

Inmate Not Sworn In/Affirmed Explain _____

Inmate Testimony / Cross Examination (Attach Testimony)

INMATE NAME & NO.: _____ **CASE NO:** _____

Witness(es) Sworn In/Affirmed _____

Witness(es) Testimony / Cross Examination (Attach Testimony)

Closing Statement(s): (Attach Arguments)
If applicable include inmate's testimony/ arguments on restitution

Sanction(s): _____

Reason for Sanctions: _____

Disposition of Evidence: _____

Inmate advised of right to Appeal, Inmate Initial _____

HEARING OFFICER SIGNATURE _____ **DATE** _____

FINAL ACTION BY FACILITY WARDEN:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> REDUCE TO SUMMARY JUDGMENT
<input type="checkbox"/> REINSTATE DISMISSED CHARGES; REMAND NEW HEARING	- restriction from privileges up to 10 days
<input type="checkbox"/> AMEND THE CHARGE	- fine not to exceed \$10.00
<input type="checkbox"/> DISAPPROVE/DISMISS	- extra work w/o incentive pay for no more than 2 hrs/day no more than 5 days
<input type="checkbox"/> REDUCE THE PENALTY	- work w/o incentive pay not to exceed 5 days
<input type="checkbox"/> SUSPEND ALL OR PART OF SENTENCE	- restitution not less than \$3.00 or more than \$20.00
<input type="checkbox"/> REMAND NEW HEARING	
<input type="checkbox"/> CLARIFICATION OF RECORD	

Comments: _____

WARDEN/DESIGNEE SIGNATURE _____ **DATE** _____

I received a Copy of the Hearing Record and understand I have 15 days to Appeal this decision.

INMATE SIGNATURE _____ **DATE** _____

I served a copy of the Hearing Record

STAFF SIGNATURE _____ **DATE** _____

Technical and clerical errors in the writing and/or processing of the Disciplinary Report shall not be grounds for dismissal, unless there is substantial prejudice to the inmate, which is the burden of the inmate to prove. Pursuit to K.A.R 44-13-707. Harmless error; Plain error.

CONTINUANCE/RECESS LOG

Inmate Name/Number:

Case No:

Facility:

<u>Inmate Request</u>	<u>Staff Request</u>	<u>Warden Extension</u>	<u>Date</u>	<u>30 Day Review</u>	<u>Reason</u>	<u>Initial</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<hr/>	<input type="text"/>
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RECESS			<input type="text"/>		<hr/>	<input type="text"/>
RECESS			<input type="text"/>		<hr/>	<input type="text"/>