



|  |   |  |
|--|---|--|
| <b>INTERNAL<br/>MANAGEMENT<br/>POLICY &amp;<br/>PROCEDURE</b>  | SECTION NUMBER<br><b>11-119</b>   | PAGE NUMBER<br><b>1 of 22</b>                |
|  | CHAPTER & SUBJECT:<br><b>DECISION MAKING: Documentation of the Disciplinary Process</b> |  |
| Approved By:<br><br><br><b>Teresa Williams, Acting Commissioner</b> |   | Original Date Issued: <b>04/08/05</b>        |
|  |   | Current Amendment Effective: <b>03/08/13</b> |
|  |   | Replaces Amendment Issued: <b>04/08/05</b>   |

**POLICY**

In order to ensure documentation of fair and consistent disciplinary practices that serve to protect the public, staff, and juvenile offenders, maintain order in the Kansas juvenile correctional facilities, and that also ensure juvenile offenders' due process rights are protected, the procedures contained in this IMPP shall be followed by all Kansas juvenile correctional facilities. Juvenile offender discipline shall be in accordance with Kansas Administrative Regulation (K.A.R.) 123-12-101, *et seq.*, Offender Code of Conduct and Penalties, and K.A.R.123-13-101, *et seq.*, Disciplinary Procedure. The attached forms shall be employed in the processing of all disciplinary cases throughout the Juvenile Justice Authority.

**DEFINITIONS**

None

**PROCEDURES**

- I. The listed documents shall be utilized in processing juvenile offender disciplinary cases, in compliance with K.A.R. 123-13-101, et seq., Disciplinary Procedure, as follows:**
- A. Acknowledgment/Offender Waiver of Rights (Attachment A, Form #11-119-001)
  - B. Continuance/Recess Log (Attachment B, Form #11-119-002)
  - C. Staff Assistance (Attachment C, Form #11-119-003)
  - D. Credibility Assessment Worksheet (Attachment D, Form #11-119-004)
    - 1. Confidential Testimony Provided by Offender Informant (Attachment E, Form #11-119-005)
    - 2. Confidential Testimony Provided by Investigator in Lieu of Confidential Informant's Testimony (Attachment F, Form # 11-119-006)
  - E. Disciplinary Appeal to the Commissioner (Attachment G, Form #11-119-007)
    - 1. Disposition of Disciplinary Appeal Acknowledgment (Attachment H, Form #11-119-008)

- F. Disciplinary Appeal to the Superintendent (Attachment I, Form #11-119-009)
- G. Disciplinary Report (Attachment J, Form #11-119-010)
- H. Disposition and Hearing Record (Attachment K, Form #11-119-011)
- I. Offender Request for Witness, (Attachment L, Form #11-119-012)
- J. Plea of Guilty/No Contest (Attachment M, Form #11-119-013)
- K. Summary Judgment Citation (Attachment N, Form #11-119-014)
- L. Summons
  - 1. Offender Disciplinary Summons (Attachment O, Form #11-119-015)
  - 2. Offender Witness Summons (Attachment P, Form #11-119-016)
  - 3. Staff Witness Summons (Attachment Q, Form #11-119-017)
- M. Disciplinary Report/Summary Judgment Citation Facts (Attachment R, Form #11-119-018)

### **REPORTS REQUIRED**

None

### **REFERENCES**

K.A.R. 123-12-101, *et seq.*; 123-12-501; 123-13-101, *et seq.*; 123-13-306(b); 123-13-408; 123-13-703(d)(1), (2), (3); 123-13-707

### **ATTACHMENTS**

- Attachment A: Acknowledgment /Offender Waiver of Rights, Form #11-119-001, 1 Page.
- Attachment B: Continuance/Recess Log, Form #11-119-002, 1 Page.
- Attachment C: Staff Assistance, Form #11-119-003, 1 Page.
- Attachment D: Credibility Assessment Worksheet, Form #11-19-004, 1 Page.
- Attachment E: Confidential Testimony Provided by Juvenile Offender Informant, Form #11-19-005, 1 Page.
- Attachment F: Confidential Testimony Provided by Investigator in Lieu of Confidential Informant's Testimony, Form #11-19-006, 1 Page.
- Attachment G: Disciplinary Appeal to the Commissioner, Form #11-119-007, 1 Page.
- Attachment H: Disposition of Disciplinary Appeal Acknowledgment, Form #11-119-008, 1 Page.
- Attachment I: Disciplinary Appeal to the Superintendent, Form #11-119-009, 1 Page.
- Attachment J: Disciplinary Report, Form #11-119-010, 1 Page.
- Attachment K: Disposition and Hearing Record, 11-119-011, 3 Pages.
- Attachment L: Offender Request for Witness, Form #11-119-012, 1 Page.
- Attachment M: Plea of Guilty/No Contest, Form #11-119-013, 1 Page.
- Attachment N: Summary Judgment Citation, Form #11-119-014, 1 Page.
- Attachment O: Offender Disciplinary Summons, Form #11-119-015, 1 Page.
- Attachment P: Offender Witness Summons, Form #11-119-016, 1 Page.
- Attachment Q: Staff Witness Summons, Form #11-119-017, 1 Page.
- Attachment R: Disciplinary Report/Summary Judgment Citation Facts—Continuation Sheet, Form #11-119-018, 1 Page.

**ATTACHMENT A**

**ACKNOWLEDGMENTS/OFFENDER WAIVER OF RIGHTS**

|                        |                                |
|------------------------|--------------------------------|
| OFFENDER NAME: _____   | CASE NO.: <input type="text"/> |
| OFFENDER NUMBER: _____ | FACILITY: <input type="text"/> |

**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 a 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**

- I waive time limits as stated below

Time limits waived: \_\_\_\_\_  
\_\_\_\_\_

- I waive reporting officer/reporting staff member testifying. Class I cases only.

Juvenile Offender Signature: \_\_\_\_\_ No.: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Hearing Officer Name (Please Print)                      Hearing Officer Signature                      Date

\_\_\_\_\_  
Staff Witness Name (Please Print)                      Staff Witness Signature                      Date



### STAFF ASSISTANCE

|                             |                        |
|-----------------------------|------------------------|
| <b>OFFENDER NAME:</b> _____ | <b>Case No.:</b> _____ |
| <b>NUMBER:</b> _____        | <b>Facility:</b> _____ |

The above-named offender appeared before this Hearing Officer on the below date, and based on my personal observation and conversation with this offender, I find that the offender:

IS     IS NOT

IN NEED OF STAFF ASSISTANCE IN ACCORDANCE WITH K.A.R. 123-13-408.

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

Offender may face prosecution for a felony

Is illiterate

Has a language problem

Has a physical disability, which renders the offender incapable of handling the defense

Has a mental problem

The complexity of the charge(s) warrants assistance

Other – Explain: \_\_\_\_\_

---

\_\_\_\_\_  
DATE                                      HEARING OFFICER'S NAME (Please Print)                                      HEARING OFFICER'S SIGNATURE

I Waive Staff Assistance                      Offender's Signature: \_\_\_\_\_

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

ASSISTED BY:

\_\_\_\_\_  
Name (Please Print)                                      Signature                                      Date

**CREDIBILITY ASSESSMENT WORKSHEET**

|                           |            |
|---------------------------|------------|
| OFFENDER INFORMANT: _____ | NO.: _____ |
| OFFENDER CHARGED: _____   | NO.: _____ |
| CASE NUMBER: _____        |            |

**SOURCE OF INFORMATION:**

Informant Testimony                       Investigation Reports

**FACTORS USED IN EVALUATING THE CREDIBILITY OF THE WITNESS**

Appearance and demeanor.                       Previously provided reliable evidence.

Disciplinary or criminal history.                       Record or reputation for lying or honesty.

Testimony against the witness's own interests.                       Consistency of statements.

Possible ulterior motive in making the statement.                       Detail provided.

Statement corroborated by other evidence.                       Willingness to appear and answer the questions.

Witness could have observed facts related.                       Professional experience and judgment of staff member.

Physical evidence constitutes a part of this investigation.                       Chemical testing done.

| SOURCE               | (CIRCLE ONE) | INFORMATION                | (CIRCLE ONE) |
|----------------------|--------------|----------------------------|--------------|
| Completely Reliable  | A            | Confirmed by Other Sources | 1            |
| Usually Reliable     | B            | Probably True              | 2            |
| Fairly Reliable      | C            | Possibly True              | 3            |
| Not Usually Reliable | D            | Doubtfully True            | 4            |
| Unreliable           | E            | Improbable                 | 5            |
| Reliability Unknown  | F            | Truth Cannot Be Judged     | 6            |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
HEARING OFFICER'S NAME (Please Print)                      HEARING OFFICER'S SIGNATURE                      DATE

**ATTACHMENT E**  
**(GOLDENROD PAPER ONLY)**

**CONFIDENTIAL TESTIMONY PROVIDED BY OFFENDER INFORMANT**

OFFENDER INFORMANT: \_\_\_\_\_ NO.: \_\_\_\_\_  
OFFENDER CHARGED: \_\_\_\_\_ NO.: \_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_

**Informant's Statement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(SHALL BE NOTARIZED)**

STATE OF KANSAS )  
COUNTY OF \_\_\_\_\_ ) ss:

The undersigned of lawful age and being duly sworn upon or having affirmed his/her oath, has read and understands the above report and all statements and allegations contained therein are true and correct to the best of his/her knowledge, understanding or belief.

\_\_\_\_\_  
Signature of Juvenile Offender

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Appointment Expires: \_\_\_\_\_

Date \_\_\_\_\_ Investigator's Name (Please Print) \_\_\_\_\_ Investigator's Signature \_\_\_\_\_





JUVENILE JUSTICE AUTHORITY  
DISCIPLINARY OFFICE

DISPOSITION OF DISCIPLINARY APPEAL ACKNOWLEDGEMENT

|               |                 |
|---------------|-----------------|
| DATE: _____   | CASE NO.: _____ |
| TO: _____     | _____           |
| Offender Name | Number          |

**THE DISPOSITION IN YOUR APPEAL IN THE ABOVE REFERENCED DISCIPLINARY CASE IS ATTACHED**

**SIGNATURE ONLY ACKNOWLEDGES RECEIPT OF APPEAL RESPONSE**

|       |                             |                 |
|-------|-----------------------------|-----------------|
| _____ | _____                       |                 |
| DATE  | JUVENILE OFFENDER SIGNATURE |                 |
| _____ | _____                       | _____           |
| DATE  | STAFF NAME (Please Print)   | STAFF SIGNATURE |

**RETURN TO DISCIPLINARY OFFICE AFTER SIGNED**

## KANSAS JUVENILE JUSTICE AUTHORITY

## DISCIPLINARY APPEAL TO THE SUPERINTENDENT

## CLASS III

|  |  |  |                  |
|--|--|--|------------------|
| <b>Offender Name:</b>  |  | <b>No.:</b>  | <b>Case No.:</b> |
| <b>Date of Filing Appeal:</b>  |  | <b>Facility Hearing DR:</b>  |                  |
| <b>Date Received Copy of Disposition</b>   |  | <b>Returned Appeal to Facility:</b>  |                  |
| <b>I Am Appealing the Decision of the Hearing Officer Because:</b>   |  |  |                  |
| _____  |  |  |                  |
| _____  |  |  |                  |
| _____  |  |  |                  |
| _____  |  |  |                  |
| _____  |  |  |                  |
| _____  |  |  |                  |
| _____  |  |  |                  |
| (Attach Additional Sheet(s) if Necessary)  |  |  |                  |
| <b>Offender Signature:</b>   |  | <b>Date:</b>   |                  |
| <b>JJA Legal Counsel Responsive Argument:</b>  |  |  |                  |
| _____  |  |  |                  |
| _____  |  |  |                  |
| _____  |  |  |                  |
| Signature: _____ Date: _____   |  |  |                  |
| Your Appeal Has Been Reviewed and  |  |  |                  |
|  |  | <input type="checkbox"/> Substantial compliance with agency 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.     |                  |
| <b>Superintendent's / Designee's Final Decision:</b>   |  | <input type="checkbox"/> Decision as Rendered.   |                  |
| <input type="checkbox"/> Remand for clarification of record and return to superintendent or designee.  |  | _____  |                  |
| <input type="checkbox"/> Revoke _____  |  | _____  |                  |
| <input type="checkbox"/> Reduce the Penalty _____  |  | _____  |                  |
| <input type="checkbox"/> New Hearing _____   |  | _____  |                  |
| <b>Superintendent's/ Designee's Signature:</b>   |  | <b>Date:</b>   |                  |
| _____  |  |  |                  |
| 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 offender, which is the burden of the offender to provide. Pursuant to K.A.R. 123-13-707, Harmless error; Plain error. |  |  |                  |



## DISPOSITION AND HEARING RECORD

|                                 |
|---------------------------------|
| <b>OFFENDER NAME &amp; NO.:</b> |
|---------------------------------|

|   |  |  |
|---|--|--|
| <b>FACILITY:</b>  | <b>CASE NO.:</b> <input style="width: 100%;" type="text"/> | <b>HEARING DATE:</b> <input style="width: 100%;" type="text"/> |
| <b>CHARGING</b> <input style="width: 100%;" type="text"/> |  | <b>TIME:</b> <input style="width: 100%;" type="text"/>         |
| <b>HEARING</b> <input style="width: 100%;" type="text"/>  |  |  |

| 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: _____ |       |                   |               |   |  |

|  |   |
|--|---|
| <input type="checkbox"/> Reporting Officer Sworn In / Affirmed | <input type="checkbox"/> Notarized Testimony Read into the Record |
| <b>Staff Testimony / Cross Examination (Attach Testimony)</b>  |   |

|  |               |
|--|---------------|
| <input type="checkbox"/> Offender Sworn In / Affirmed            |               |
| <input type="checkbox"/> Hearing Held Inabsentia                 | Reason: _____ |
| <input type="checkbox"/> Offender Not Sworn In/Affirmed          | Explain _____ |
| <b>Offender Testimony / Cross Examination (Attach Testimony)</b> |               |

Witness(es) Sworn In/Affirmed \_\_\_\_\_  
\_\_\_\_\_

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

Closing Statement(s): (Attach Arguments)

If applicable, include offender's testimony/ arguments on restitution

Sanction(s): \_\_\_\_\_

Reason for Sanction(s): \_\_\_\_\_

Disposition of Evidence: \_\_\_\_\_

Offender Advised of Right to Appeal. Have Offender Initial \_\_\_\_\_

HEARING OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FINAL ACTION BY FACILITY SUPERINTENDENT:  APPROVED

DISAPPROVED \_\_\_\_\_

AMENDED \_\_\_\_\_

REMANDED \_\_\_\_\_

MODIFIED \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT/ DESIGNEE SIGNATURE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
OFFENDER 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 offender, which is the burden of the offender to prove. Pursuant to K.A.R. 123-13-707, Harmless error; Plain error.



ATTACHMENT L

|                                 |                        |                        |
|---------------------------------|------------------------|------------------------|
| <b>Offender Name/No.:</b> _____ | <b>Case No.:</b> _____ | <b>Facility:</b> _____ |
|---------------------------------|------------------------|------------------------|

**OFFENDER REQUEST FOR WITNESS**

- I, \_\_\_\_\_, waive my right to request witness(es).
- I, \_\_\_\_\_, request that the following person appear as a witness:  
 \_\_\_\_\_  Offender No: \_\_\_\_\_  Staff Title \_\_\_\_\_

The above named witness will testify as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I hereby waive the above witness.  Attached notarized witness testimony

|                          |                         |
|--------------------------|-------------------------|
| Offender Signed: _____   | Date: _____             |
| Living Unit Staff: _____ | Date: _____ Time: _____ |

|  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Disapproved | Reason: (K.A.R. 123-405a) _____ |
| Hearing Officer Signature: _____   | Date: _____                     |

This form shall be completed and submitted to the Living Unit Staff within 48 hours of receipt of the Disciplinary Report, K.A.R 123-13-306(b).

**OFFENDER REQUEST FOR WITNESS**

- I, \_\_\_\_\_, waive my right to request witness(es).
- I, \_\_\_\_\_, request that the following person:  
 \_\_\_\_\_  Offender No: \_\_\_\_\_  Staff Title \_\_\_\_\_

The above named witness will testify as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I hereby waive the above witness.  Attached notarized witness testimony

|  |                                    |
|--|------------------------------------|
| Offender Signed: _____   | Date: _____                        |
| Living Unit Staff: _____   | Date: _____ Time: _____            |
| <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Disapproved | Reason: (K.A.R. 123-13-405a) _____ |
| Hearing Officer Signature: _____   | Date: _____                        |

This form shall be completed and submitted to the Living Unit Staff within 48 hours of receipt of the Disciplinary Report, K.A.R. 123-13-306(b).

PLEA OF:  GUILTY  NO CONTEST BY OFFENDER

|                    |                      |                                       |
|--------------------|----------------------|---------------------------------------|
| CASE #             |                      | <input type="text"/>                  |
| NAME:              | <input type="text"/> | NUMBER: <input type="text"/>          |
| HEARING DATE:      | <input type="text"/> | HEARING OFFICER: <input type="text"/> |
| RULE VIOLATION(S): | <input type="text"/> |                                       |

**WAIVER:**

(To be read to Offender)

YES  NO

Offender's  
Initials

- |                          |                          |    |  |                      |
|--------------------------|--------------------------|----|--|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Do you understand the charges against you?   | <input 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 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 K.A.R. 123-13-703(d)(1), (2), or (3)?  | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Do you understand that with your plea you are waiving your right to a full hearing before a Hearing Officer?   | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Do you waive your right to be confronted with the evidence against you?  | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Do you waive your right to cross-examine the witness(es) against you?  | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Do you waive your right to remain silent and to be presumed innocent until proven guilty by evidence that is clear and convincing?   | <input 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 type="text"/> |

Hearing Officer Signature

Date

Offender Signature

Number

Date



**JUVENILE JUSTICE AUTHORITY  
DISCIPLINARY OFFICE  
OFFENDER DISCIPLINARY SUMMONS**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
OFFENDER NAME NUMBER

LIVING UNIT/ROOM NO.: \_\_\_\_\_

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. 123-12-501, ANSWERING CALLS; MOVEMENT, A CLASS III OFFENSE.**

OFFENDER SIGNATURE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_

SERVED: \_\_\_\_\_  
DATE TIME

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

**JUVENILE JUSTICE AUTHORITY  
DISCIPLINARY OFFICE  
OFFENDER WITNESS SUMMONS**

|                                 |                 |             |
|---------------------------------|-----------------|-------------|
| TO: _____<br>OFFENDER NAME      | NUMBER _____    | DATE: _____ |
| LIVING UNIT/ROOM NO.: _____     | CASE NO.: _____ |             |
| CHARGED OFFENDER: _____<br>NAME | NUMBER _____    |             |

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. 123-12-501; ANSWERING CALLS; MOVEMENT, A CLASS III OFFENSE.**

|                           |             |
|---------------------------|-------------|
| OFFENDER SIGNATURE: _____ | DATE: _____ |
| STAFF SIGNATURE: _____    | DATE: _____ |

PLEASE RETURN ORIGINAL SUMMONS TO THE DISCIPLINARY ADMINISTRATOR'S OFFICE. GIVE THE OFFENDER A COPY FOR HIS/HER RECORDS.

**JUVENILE JUSTICE AUTHORITY  
DISCIPLINARY OFFICE  
STAFF WITNESS SUMMONS**

|  |                        |
|--|------------------------|
| <b>TO:</b> _____<br>STAFF NAME         | <b>DATE:</b> _____     |
| <b>SHIFT:</b> _____                    | <b>CASE NO.:</b> _____ |
| <b>CHARGED OFFENDER:</b> _____<br>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**

|  |                                  |               |
|--|----------------------------------|---------------|
| _____<br>STAFF WITNESS NAME (Please Print) | _____<br>STAFF WITNESS SIGNATURE | _____<br>DATE |
| _____<br>SUPERVISOR NAME (Please Print)    | _____<br>SUPERVISOR SIGNATURE    | _____<br>DATE |

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





## EMPLOYEE STATEMENT OF RECEIPT AND ACKNOWLEDGMENT OF IMPP OR FACILITY ORDER

---

**SUBJECT:**

**IMPP NUMBER:**

**KJCC FACILITY ORDER NUMBER:**

**LJCF FACILITY ORDER NUMBER:**

**TITLE:**

**EFFECTIVE DATE:**

---

I have received one (1) electronic copy of the IMPP or Facility Order as titled above. I acknowledge that I have read and have had the opportunity to ask questions about the policy or Facility Order. I further acknowledge that I understand and agree to comply with the policy or Facility Order.

---

NAME (Please Print)

---

SIGNATURE

---

DATE