Waiver of Appearance at Release Violation Sanction Hearing

Name:	
Offender Number:	Date:

I have been notified of the violations of my release as served upon me on _____.
Date

I am electing to waive my appearance before a Parole Board Hearing Officer, or other authorized representative. In requesting said waiver, I am knowingly, voluntarily and intelligently waiving the following:

1. The right to a personal appearance, and to present witnesses and/or documentary evidence on my behalf at a Release Violation Hearing;
2. The right to confront and cross-examine adverse witnesses;
3. The right to representation by counsel.

Furthermore, I understand that in not appearing formally before a Parole Board Hearing Officer, or other authorized representative, the decision regarding my case will be made by the Hearing Officer or other authorized representative based on the following:

1. The severity of the violations and the mitigatory/aggravating factors surrounding said violations;
2. The history of my supervision adjustment, as documented in the Violation Hearing Report, authored by my supervising Parole officer;
3. An examination of the "record as a whole";
4. The non-binding sanction recommendation of the supervising unit.

I also understand that I will receive the results of my "waived" appearance within five (5) business days of the file review by the Hearing Officer or other authorized representative. In addition, I understand that an unofficial review of my file currently indicates that I have_____ days Prison Sanction Time available as a potential sanction, and that the APA is recommending _____ days. Additionally, other sanctions including a CBCF, halfway house placement, and lesser restrictive non-residential sanctions may be imposed. **Initial:** _____

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I ☐ have ☐ have not, provided a written or verbal statement of mitigation. **Initial:** _____

Offender Signature:	Date:
Witness Signature:	Date:

Distribution: White - Hearing Officer Canary - APA Supervision Unit Pink - Offender