



ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Disciplinary Report

Please PRINT or TYPE all information

Date example: (mm/dd/yyyy)

Case Number _____

INMATE NAME (Last, First M.I.) (Please print)	ADC NUMBER	INSTITUTION/UNIT
---	------------	------------------

CHARGE: GROUP NUMBER AND TITLE

I. Statement of Violation (State fully the facts and circumstances of the violation including the means by which the inmate was advised of the charge(s)).

DATE/TIME OF VIOLATION /	REPORTING STAFF NAME (Last, First M.I.) (Please print)	SID NUMBER
-----------------------------	--	------------

SIGNATURE	DATE/TIME COMPLETED /
-----------	--------------------------

DISPOSITION	DATE/TIME REVIEWED /
-------------	-------------------------

SHIFT SUPERVISOR REVIEW BY (Last, First M.I.) (Please print)	SIGNATURE	DATE
--	-----------	------

II. Delivery of Charge: I hereby certify that on ___/___/___ at _____ hours, I have served notice on this inmate for a hearing on the charge before the Disciplinary Hearing Officer as a Felony Violation. The inmate has received a copy of the disciplinary charge. The hearing is scheduled on or after 48 hours from delivery of charge.

Inmate was offered staff assistance and it was:
 Accepted Declined

INMATE SIGNATURE	DATE	DELIVERING OFFICER SIGNATURE	DATE
------------------	------	------------------------------	------

III. Report of Investigation FELONY VIOLATIONS ONLY – SEE ATTACHED (Use form #803-8)

INVESTIGATING OFFICER (Last, First M.I.) (Please print)	SIGNATURE	DATE INVESTIGATION COMPLETED
---	-----------	------------------------------

IV. Disposition: This case was handled as: Misdemeanor Violation: Reason for finding of guilt:

Felony Violation: Refer to Disciplinary Hearing Officer

Informal Resolution Dismissed/Not Guilty

Penalty Assessed For A Minor Violation

_____ Hours Extra Duty Reprimand Other _____

_____ Days Loss of Privilege Return/Forfeit Contraband Items _____

For Misdemeanor Violations Only: Inmate was given a copy of the results and advised that effective date, he/she has five calendar days to appeal.

INMATE SIGNATURE	DATE/TIME /
------------------	----------------

COORDINATOR'S NAME (Last, First M.I.) (Please print)	SIGNATURE	DATE/TIME /
--	-----------	----------------