Amendment of Rule Violation

To: _____ ODOC No. _____
(inmate name)

The charge of your offense report on _____ has been amended from
(date)

_____ to _____

I have been notified of the amended charge.

_____ _____ _____
Date Time Inmate's Signature and ODOC Number

I waive an additional 24-hour preparation period.

_____ _____ _____
Date Time Inmate's Signature and ODOC Number

Witnessed by

_____
Disciplinary Coordinator/Hearing Officer Date

Distribution for Approved Amendment

Original:	Commitment Document Folder
First Copy:	Field File
Second Copy:	Inmate