

CHANGE OF PLEA FORM

TO: DISCIPLINARY HEARING OFFICER

FROM: _____

INMATE: _____ ODOC# _____

HAS PLED GUILTY ON THIS DATE _____ IN REFERENCE TO THE MISCONDUCT REPORT LISTED BELOW:

OFFENSE	CODE/CLASS	DATE OF OFFENSE
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“I UNDERSTAND WHAT PUNISHMENTS CAN BE IMPOSED AS THE RESULT OF A GUILTY PLEA TO THIS OFFENSE AND THAT THERE IS NO PROMISE MADE AS TO THE PUNISHMENT IMPOSED.”

“I UNDERSTAND THAT I WILL NOT BE GIVEN THE OPPORTUNITY TO HAVE A DISCIPLINARY HEARING AS A RESULT OF THIS GUILTY PLEA, AND I UNDERSTAND THAT I WAIVE MY OPPORTUNITY TO APPEAL.”

INMATE SIGNATURE AND ODOC NUMBER

DATE

STAFF SIGNATURE

DATE

Distribution

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

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