|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Inmate Name | IDOC #: | IDOC # | DOR # |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Offense Facility |  | Report Date |  | Reporting Staff and Associate # |
| Select Facility |  | Date |  | Staff Name |

|  |
| --- |
| Date and Time of Offense |

|  |  |  |
| --- | --- | --- |
| Date |  | Time |

|  |  |  |
| --- | --- | --- |
| Offense |  | Place of Offense |
| Offense Code |  | Place of Offense |

Description of Offense:

|  |
| --- |
| Enter Body of the DOR |

Description of Attached Evidence:

|  |
| --- |
| Describe Attached Evidence |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Endorsing Staff and Associate # (signature) | Date  | & | Time Reviewed |

Deliver Staff Steps. Ask the offender:

|  |
| --- |
| **Do you want to request a staff hearing assistant?** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requested: | Yes: |  | No: |  |  Form Provided:  | Yes: |  | No: |  |

|  |
| --- |
| **Do you need witness statement forms? (Limit of 4 statements forms.)** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requested: | Yes: |  | No: |  |  Form(s) Provided:  | Yes: |  | No: |  | Number #: |  |

I hereby acknowledge receiving a copy of this DOR:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Inmates’s signature | IDOC # | & | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Delivery Staff and Associate # (signature) | Date  | & | Time Reviewed |

|  |
| --- |
| Additional Staff Comments: |