

IDAHO DEPARTMENT OF CORRECTION

Request for Staff Hearing Assistant

Name: _____ Inmate #: _____

Date: _____ Living unit: _____

I request a staff hearing assistant for the following reasons: _____

I request the staff hearing assistant obtain written witness statements from the following people:

Witness Name	IDOC #	Facility/Unit	Relevance of Witness
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I request that the staff hearing assistant help with the following: _____

Disciplinary Hearing Officer Use Only

Staff hearing assistant assigned: Yes No

Staff hearing assistant is authorized to collect witness statements only and will not attend the hearing.

Name of staff hearing assistant: _____

If no, the reason is: _____

Witness #1 allowed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not allowed, reason: _____
Witness #2 allowed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not allowed, reason: _____
Witness #3 allowed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not allowed, reason: _____
Witness #4 allowed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not allowed, reason: _____

Comments: _____

DHO signature and associate number

Date