

**MDHS/DYS Oakley Youth Development Center
Form VII.9.F Due Process Hearing Report**

Youth Name: _____ Violation Tracking Number: _____

1. Date of Violation/s :	
2. Plea: <input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty
3. Date of Hearing:	Time: <input type="checkbox"/>
4. Disposition: <input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/>

5. Sanction/s: Up to two (2) Sanctions per Violation	
A. Violation: _____	
Sanction: _____	
Sanction: _____	
B. Violation: _____	
Sanction: _____	
Sanction: _____	
C. Violation: _____	
Sanction: _____	
Sanction: _____	

6. Disciplinary Hearing Officer's Notes:	

Youth Signature	Date	DHO Signature	Date
-----------------	------	---------------	------

Staff Witness	Date	Facility Administrator	Date
---------------	------	------------------------	------