

**MDHS/DYS OAKLEY YOUTH DEVELOPMENT CENTER  
FORM VII.9.A DUE PROCESS RIGHTS**

Youth Name: \_\_\_\_\_ Date of Violation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Rule Violation Tracking #: \_\_\_\_\_ Incident: \_\_\_\_\_

The following is an example of the youth rights as they relate to due process, which should be verbally explained to the youth:

1. You have the right to be notified of the rule violation(s) being charged against you and of the resulting due process hearing to be held.
2. You have the right to be present and to present documentary evidence at the hearing or to waive the hearing.
3. You have the right to request witness and to have them present at the hearing or to have statements from those individuals presented at the hearing.
4. You have the right to self-represent, or to be represented by a staff person during the hearing.
5. You may present questions to the Due Process Hearing Officer and the staff representative, to ask to the witness.
6. You have the right to appeal the Due Process Hearing Officer's decision to the Facility Administrator. (You may appeal the decision by completing a Grievance, within one (1) week) *"The Facility Administrator's decision is final"*.
7. You have the right to waive a hearing or your right to be present. Any decision from a waived hearing may not be appealed.

Staff Representative Requested:  Yes  No Name: \_\_\_\_\_

Witness Requested:  Yes  No Name: \_\_\_\_\_  Staff  Youth  
 Statement(s) attached:  Yes  No

Witness Requested:  Yes  No Name: \_\_\_\_\_  Staff  Youth  
 Statement(s) attached:  Yes  No

I have read the statements above (or have had them read to me) and I understand my due process rights.  
 Youth Signature: \_\_\_\_\_ Staff Witness: \_\_\_\_\_  
 DHO/or Designee: \_\_\_\_\_ Date Form Served: \_\_\_\_\_

**SPECIAL PLACEMENT FORM  
XIII.7 Attachment A**

YOUTH \_\_\_\_\_ DATE PLACED IN UNIT \_\_\_\_\_  
POD \_\_\_\_\_ TIME PLACED IN UNIT \_\_\_\_\_  
PERSON REFERRING \_\_\_\_\_  
SHIFT SUPERVISOR AUTHORIZATION \_\_\_\_\_

REASON FOR ADMISSION:  
1.  Observation  
2.  Due Process Isolation

EXPLANATION \_\_\_\_\_  
\_\_\_\_\_

**NOTE: THE ABOVE IS TO BE COMPLETED ONLY BY THE SHIFT SUPERVISOR**

1<sup>st</sup> - 24 Hours

Shift Supervisor \_\_\_\_\_ Counselor \_\_\_\_\_  
QMHP \_\_\_\_\_ JCW \_\_\_\_\_

Special Placement evaluation: \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> - 24 Hours

Date of Evaluation \_\_\_\_\_ Time of Evaluation \_\_\_\_\_  
Shift Supervisor \_\_\_\_\_ Counselor \_\_\_\_\_  
QMHP \_\_\_\_\_ JCW \_\_\_\_\_

Special Placement evaluation: \_\_\_\_\_  
\_\_\_\_\_

3<sup>rd</sup> - 24 Hours

Date of Evaluation \_\_\_\_\_ Time of Evaluation \_\_\_\_\_  
Shift Supervisor \_\_\_\_\_ Counselor \_\_\_\_\_  
QMHP \_\_\_\_\_ JCW \_\_\_\_\_

Special Placement evaluation: \_\_\_\_\_  
\_\_\_\_\_

Date of Evaluation \_\_\_\_\_ Time of Evaluation \_\_\_\_\_

DATE OF RELEASE \_\_\_\_\_ TIME OF RELEASE \_\_\_\_\_ POD \_\_\_\_\_  
RELEASE AUTHORIZED BY \_\_\_\_\_

(Form to be used only until youth is sent back to originating POD, or officially transferred by the treatment team to AMU or other appropriate placement.)

Revised: 10/15/2016