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To: Clerk

I do not know where you would like this to take place. I know it is Western district. The instant offence took place at URF #269 West M-80 Kennehoe MI 49784. I am currently at Oak's 1500 Caberfee highway Manistee MI 4966. Whatever is easiest sounds good.


Lawrence Dallas

314685

MICHIGAN DEPARTMENT OF CORRECTIONS
MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: S-304	Violation Date: 10/15/16
Time and Place of Violation: 1830 Steamboat Cellside 304		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes - Date _____ <input checked="" type="checkbox"/> N/A		
Misconduct Class: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		Charge(s): Substance Abuse: 0042 - Other Substance		
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): On 10/15/16 at approximately 1830 Dallas #314685 opened mouth for a mouth check after taking restricted medication. Inmate Dallas was told to lift his tongue for routine mouth check. It was at this time that his restricted medication was visualized inside his right cheek. When inmates open their mouth for mouth check it is implied that they have consumed their medication. Inmate Dallas #314685 was attempting to divert his medication. Inmate Dallas # 314685 ID'd by state ID card and unit count board.				
Reporting Staff Member's Name (Print) Jennifer M. Headley RN		Reporting Staff Member's Signature <i>[Signature]</i>		Date and Time Written 10/23/2016 1500
REVIEW				
Location/Verification/Condition of Evidence: <i>[Handwritten]</i>				
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason: <i>[Handwritten]</i>		
COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT				
Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)				
Date and Time Given this Status:		Who Notified in Housing Unit of Status:		
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:		
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:				
Additional Comments:		Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date: _____		
Reviewing Officer's Name (Print) <i>[Handwritten]</i>		Reviewing Officer's Signature <i>[Signature]</i>		Review Date and Time
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature <i>[Signature]</i>		Date
WAIVER OF CLASS II OR III HEARING				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature <i>[Signature]</i>		Date
SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)				
_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)	
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)	
_____ Hours Extra Duty	Begins: _____	Ends: _____		
Property Disposition If Applicable: _____				
Employee Accepting Plea and Imposing Sanction (Print)		Employee's Signature <i>[Signature]</i>		Date
Hearing Investigator's Name (Print)		Hearing Investigator's Signature <i>[Signature]</i>		Date

W 2 H

Prisoner 314685	Prisoner Name Dallas	Facility Code URF	Lock N 226	Violation Date 10/15/2016
Charge(s) Substance Abuse				
If Charge Changed by Hearing Officer			Plea <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	
Misconduct Report Read to and Discussed with Prisoner		<input checked="" type="checkbox"/> (check if applies)		No Hearing Investigation Requested
Hearing Investigation Read to and Discussed with Prisoner		<input checked="" type="checkbox"/> (check if applies)		<input type="checkbox"/> (check if applies)
EVIDENCE/STATEMENTS IN ADDITION TO MISCONDUCT REPORT				
Unless otherwise noted all documents are one page. The prisoner is present and the misconduct report is reviewed with him along with his statement he will prepare his own statement. Prisoner Dallas submits a three page statement objecting to the delay in writing, not listing the staff member who made rounds with her and saying he could not prepare a defense as he could not ask staff member questions nor get the prisoners who locked around him as witnesses due to the delay. Prisoner when asked said that he was given his pills, swallowed them and gave a mouth check and no pills were in his mouth at the time. When asked he said he did want the officer who made rounds with her as a witness and the prisnoer who locked across the hall and to the right of the guy across the hall as witnesses to say what they heard and saw. The hearing is adjourned to get statements of the officer who made rounds with the nurse, the prisoner who locked across the hall from Dallas on this day and the prisoner who locked across the hall and to the right of Dallas on this day and ask them what they saw and heard when the nurse was at Dallas' door. The last day to hear the ticket is 11-14-16. ALJ O'Brien 052 11-4-16. The hearing is reconvened and the prisonee is present. Note from H/I is reviewed that states Officer MacArthur was seen on video escorting Nurse Headley's round, Officer MacArthur's statement that he does not recall the incident, Prisoners Kerprien				
REASONS FOR FINDINGS				
and Cassity's Witness Refusal, and Prisoners Kerprien and Cassity's Lock History. Prisnoer has nothing further to add. No further evidence is needed. Prisoner is informed of the findings and told he will receive the report later.				
REASONS FOR FINDINGS: The misconduct was alleged to have occurred on 10-15-16 but was not written on 10-23-16. No reason was given for the delay in writing the misconduct. Prisoner Dallas denies cheeking his medications and states that the delay prejudices him for he now has no witnesses. Officer MacArthur was the officer conducting rounds with Nurse Headley and could have given potentially exculpatory evidence but due to the delay in time for asking him what happened he does not recall the incident or even escorting the nurse for rounds. Since he could have given exculpatory evidence and no reason was given for the delay in writing the misconduct which could have caused the escorting officer's memory loss, the charge is NOT upheld as the delay in writing prejudiced the prisoner.				
PROPERTY DISPOSITION (for contraband see PD 04.07.112)				
FINDINGS				
Charge No. 1	<input type="checkbox"/> Guilty	<input checked="" type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code 042
Charge No. 2	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
Charge No. 3	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
Charge No. 4	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
DISPOSITION (select one or more) (Toplock & LOP Sanctions End at 6:00 am)				
_____ Days of Detention		_____ Begins		_____ Days Credit
_____ Days Top Lock		_____ Ends		_____ Hours Extra Duty
_____ Days Loss of Privileges				\$ _____ Restitution
Misconduct Hearing Report personally handed to Prisoner by Hearing Officer on this date: _____ (Check if Applies) <input type="checkbox"/>			Hearing Report given to Staff Member by Hearing Officer for Delivery to Prisoner this date: 11/9/2016 (Check if Applies) <input checked="" type="checkbox"/>	
Date of Hearing 11/09/2016			Name of Staff Member McCollum	
Hearing Officer's Name O'Brien 052		Hearing Officer's Signature 		Date 11-4-16

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-228
10/10 4835-3228

MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: N-226	Violation Date: 11/16/2016
Time and Place of Violation: 1825 hrs. Food Service		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A		

Misconduct Class: I II III Charge(s): Out of Place

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):
On the above date and time I directly observed Prisoner Dallas #314685 return to the unit from Food Service. Prisoner Dallas left the unit at 1735 hrs. and returned at 1825 hrs. Prisoner Dallas is currently on Top Lock sanctions until 11/18/2016. Prisoner Dallas did not have prior staff authorization to be out of the unit for this amount of time. Prisoner was identified by MDOC ID card and Unit Master Count Board.

Reporting Staff Member's Name (Print) C/O Russo, F.	Reporting Staff Member's Signature <i>[Signature]</i>	Date and Time Written 11/16/2016 2135 hrs.
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REVIEW

Location/Verification/Condition of Evidence:

Elevated to Class I at review: No Yes If "yes", explain reason:

COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: Bond Segregation Confinement to Cell/Room Other
Reason if Non-Bond: Non-Bond List Bond Revoked (must give reason)

Date and Time Given this Status:	Who Notified in Housing Unit of Status:
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:	

Additional Comments: Prisoner Waives 24 Hour Notice of Hearing? No Yes
Hearing Date: 11/17/2016

Reviewing Officer's Name (Print) <i>Sgt Pawley</i>	Reviewing Officer's Signature <i>[Signature]</i>	Review Date and Time <i>11/17/16 @ 1540</i>
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature	Date

WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.

Prisoner's Signature <i>[Signature]</i>	Date <i>11-17-16</i>
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SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

<u>4</u> Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)
_____ Hours Extra Duty	Begins: _____	Ends: _____	

Employee Accepting Plea and Imposing Sanction (Print) <i>Sgt Pawley</i>	Employee's Signature <i>[Signature]</i>	Date <i>11/17/16</i>
Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date

MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: N 226	Violation Date: 11/18/16
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Time and Place of Violation: 09:45 Neebish cel 247-48	Contraband Removal Record Provided to Prisoner? <input checked="" type="checkbox"/> Yes Date <u>11/18/16</u> <input type="checkbox"/> N/A
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Misconduct Class: I II III Charge(s): Possession of Dangerous Contraband/Unauthorized Occ.of cell, room

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):
While making rounds I saw Dallas 314685 in cell N 247-48 receiving a tattoo from Anderson 165773. Dallas 314685 locks in N 226 and did not have authorization to be in N 247-48. Anderson 165773 had the tattoo gun, ink, adapter and stencil in his hands. All items placed in the class I contrband locker. Contraband removal and photos attached.

ID'ed by state ID card.

Reporting Staff Member's Name (Print) R Amble	Reporting Staff Member's Signature <i>R Amble</i>	Date and Time Written 11/18/16 11:35
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REVIEW

Location/Verification/Condition of Evidence:

Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes	If "yes", explain reason:
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COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)

Date and Time Given this Status:	Who Notified in Housing Unit of Status:
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Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:	If yes, list:
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Additional Comments:	Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date: _____
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Reviewing Officer's Name (Print)	Reviewing Officer's Signature	Review Date and Time
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I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature	Date
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WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.	Prisoner's Signature	Date
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SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

_____ Days Top lock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)
_____ Hours Extra Duty	Begins: _____	Ends: _____	

Property Disposition If Applicable: _____

Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature	Date
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Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date
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CLASS II AND III MISCONDUCT HEARING REPORT

GENERAL INFORMATION

Prisoner Number 314685	Prisoner Name Dallas	Facility Code URF	Violation Date 11/18/16
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MISCONDUCT VIOLATION

Hearing Class II <input checked="" type="checkbox"/>	Misconduct Charges Out of Place
Hearing Class III <input type="checkbox"/>	

Misconduct Charge if Changed by Hearing Officer	Plea <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty
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WAIVER OF HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.	Prisoner's Signature	Date
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HEARING REPORT (Do Not Complete If Hearing Waived)

Evidence and/or prisoner statement in addition to misconduct report: Prisoner present at hearing and pleads not guilty. Prisoner states "I went to the bathroom and was half asleep."

Reasons for findings: The officer's report is clear and deemed credible. I find that the officer directly observed the prisoner exit his cell while on toplock sanctions. I further find the prisoner did not have staff authorization for this act. Prisoner is found guilty to the charge of out of place.

FINDINGS

Charge 1	<input checked="" type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	CMIS Code <u>436</u>
Charge 2	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	CMIS Code _____
Charge 3	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	CMIS Code _____
Charge 4	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	CMIS Code _____

SANCTIONS (Hearing Investigator enters begin and end dates)

<u>2</u> Days Toplock	Begins: <u>11-27-16</u>	Ends: <u>11-29-16</u>	<input type="checkbox"/> Counseling/Reprimand (Class III only)
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)
_____ Hours Extra Duty	Begins: _____	Ends: _____	

Property Disposition if Applicable:
Misconduct Hearing Report given to Hearing Investigator for Delivery to Prisoner this date: **11/22/16**

Hearing Officer's Name (Print) M. LaCrosse, RUM	Hearing Officer's Signature <i>[Signature]</i>	Hearing Date 11/22/16
Hearing Investigator's Name (Print) HE MCDILLUM	Hearing Investigator's Signature <i>[Signature]</i>	Date 11/23/16

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-228
10/10 4835-3228

MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: N-226	Violation Date: 11/21/16												
Time and Place of Violation: 1913 N-226 doorway		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> N/A														
Misconduct Class: <input type="checkbox"/> I <input type="checkbox"/> II <input checked="" type="checkbox"/> III Charge(s): Violation of Posted Rule #8																
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): I directly observed Dallas #314685 loitering in his doorway. This is a violation of posted rule #8 and he did not have staff authorization to loiter in his doorway.																
Dallas was identified by the master count board and face sheet																
Reporting Staff Member's Name (Print) Morse		Reporting Staff Member's Signature		Date and Time Written 11/21/16 2032												
REVIEW																
Location/Verification/Condition of Evidence:																
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason:														
COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT																
Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other																
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)																
Date and Time Given this Status:		Who Notified in Housing Unit of Status:														
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:														
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:																
Additional Comments:		Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date: _____														
Reviewing Officer's Name (Print)		Reviewing Officer's Signature		Review Date and Time												
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature		Date												
WAIVER OF CLASS II OR III HEARING																
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature		Date												
SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)																
<table style="width:100%; border: none;"> <tr> <td style="width:20%;">_____ Days Toplock</td> <td style="width:10%;">Begins: _____</td> <td style="width:10%;">Ends: _____</td> <td style="width:10%;"><input type="checkbox"/> Counseling/Reprimand (Class III only)</td> </tr> <tr> <td>_____ Days Loss of Privileges</td> <td>Begins: _____</td> <td>Ends: _____</td> <td><input type="checkbox"/> \$ _____ Restitution (Class II only)</td> </tr> <tr> <td>_____ Hours Extra Duty</td> <td>Begins: _____</td> <td>Ends: _____</td> <td></td> </tr> </table>					_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)	_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)	_____ Hours Extra Duty	Begins: _____	Ends: _____	
_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)													
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)													
_____ Hours Extra Duty	Begins: _____	Ends: _____														
Property Disposition If Applicable: _____																
Employee Accepting Plea and Imposing Sanction (Print)		Employee's Signature		Date												
Hearing Investigator's Name (Print)		Hearing Investigator's Signature		Date												

MICHIGAN DEPARTMENT OF CORRECTIONS
MISCONDUCT REPORT

CSJ-228
 10/10 4835-3228

Prisoner Number:	Prisoner Name:	Facility Code:	Lock:	Violation Date:
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Time and Place of Violation:	Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> N/A
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Misconduct Class: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Charge(s):
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):	

Reporting Staff Member's Name (Print)	Reporting Staff Member's Signature	Date and Time Written
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REVIEW

Location/Verification/Condition of Evidence:
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Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes	If "yes", explain reason:
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COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)

Date and Time Given this Status:	Who Notified in Housing Unit of Status:
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, list:
If yes, list:	

Additional Comments:	Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Hearing Date: _____

Reviewing Officer's Name (Print)	Reviewing Officer's Signature	Review Date and Time
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature	Date

WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.	Prisoner's Signature	Date
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SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)
_____ Hours Extra Duty	Begins: _____	Ends: _____	

Property Disposition If Applicable: _____	Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature	Date
	Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date

MICHIGAN DEPARTMENT OF CORRECTIONS
MISCONDUCT REPORT

CSJ-228
 10/10 4835-3228

Prisoner Number: 314685	Prisoner Name: DALLAS	Facility Code: URF	Lock: N226	Violation Date: 11/25/16
Time and Place of Violation: 1958 N225/22C		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> No		
Misconduct Class: <input type="checkbox"/> I <input type="checkbox"/> II <input checked="" type="checkbox"/> III		Charge(s): NPR # 17		
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): I OBSERVED CELL N225/22C DOOR WINDOW COVERED WITH PAPER BLOCKING VIEW INTO THE CELL. PRISONER DALLAS 314685 WAS THE ONLY OCCUPANT IN THE CELL AT THIS TIME. THIS IS A VIOLATION OF POSTED RULE # 17. PRISONER ID'0 BY FREQUENT CONTACT AND NEE BISH UNIT MASTER COUNT BOARD				
Reporting Staff Member's Name (Print) McDONALD		Reporting Staff Member's Signature 		Date and Time Written 11/25/16 2000
REVIEW				
Location/Verification/Condition of Evidence:				
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason:		
COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT				
Status Pending Hearing: <input type="checkbox"/> Bond		<input type="checkbox"/> Segregation		<input type="checkbox"/> Confinement to Cell/Room
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List		<input type="checkbox"/> Bond Revoked (must give reason)		
Date and Time Given this Status:		Who Notified in Housing Unit of Status:		
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, list:		
Additional Comments:		Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Reviewing Officer's Name (Print) Williams		Reviewing Officer's Signature 		Review Date and Time 28 Nov 2016 815
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature 		Date
WAIVER OF CLASS II OR III HEARING				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature Ad Lawrence Della		Date 11/25/16
SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)				
4 Days Toplock	Begin: 11-29-16	Ends: 12-3-16	<input type="checkbox"/> Counseling/Reprimand (Class III only)	
Days Loss of Privileges	Begin: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)	
Hours Extra Duty	Begin: _____	Ends: _____		
Property Disposition If Applicable: _____				
Employee Accepting Plea and Imposing Sanction (Print) Williams		Employee's Signature 		Date 26 Nov 16
Hearing Investigator's Name (Print)		Hearing Investigator's Signature 		Date

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-228

10/10 4835-3228

MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: N-226	Violation Date: 11/30/16
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Time and Place of Violation: 0541 Neebish B-Wing	Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A
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Misconduct Class: I II III Charge(s): Out of Place

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):
I directly observed Dallas #314685 walking down the B-Wing hall he is on Top Lock until 1/5/17 due to numerous tickets. He did not have staff authorization to leave his cell..

Dallas was identified by the master count board and face sheet

Reporting Staff Member's Name (Print) Morse	Reporting Staff Member's Signature	Date and Time Written 11/30/16 0550
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REVIEW

Location/Verification/Condition of Evidence:

Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes	If "yes", explain reason:
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COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: Bond Segregation Confinement to Cell/Room Other
Reason if Non-Bond: Non-Bond List Bond Revoked (must give reason)

Date and Time Given this Status:	Who Notified in Housing Unit of Status:
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:	

Additional Comments: Prisoner Waives 24 Hour Notice of Hearing? No Yes
Hearing Date: _____

Reviewing Officer's Name (Print)	Reviewing Officer's Signature	Review Date and Time
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I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature	Date
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WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.	Prisoner's Signature	Date
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SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)
_____ Hours Extra Duty	Begins: _____	Ends: _____	

Property Disposition If Applicable: _____

Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature	Date
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Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date
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MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: M-211	Violation Date: 10/7/16
Time and Place of Violation: 1845 Control Center		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> N/A		

Misconduct Class: I II III Charge(s): Threatening Behavior

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):
 Prisoner Dallas #314685 M-211 was sent to Control Center to be counseled on his actions in the East Kitchen. He had attempted to take a sandwich out of the Kitchen and then threw it accidentally hitting a dining room worker while attempted to dispose of it as he left. Before I even got a chance to speak with prisoner Dallas he stated to me, "you're making a bid deal out of nothing and if you don't stop looking at me I'm going make it a big deal for you". Prisoner Dallas was very agitated, his teeth were clenched and the veins were bulging from his neck. He did not say this in jest but with the intent to cause fear for my safety. Prisoner Dallas was identified by his MDOC ID Card.

Reporting Staff Member's Name (Print) Sgt. Davidson	Reporting Staff Member's Signature 	Date and Time Written 10/7/16 @1935
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REVIEW

Location/Verification/Condition of Evidence:

Elevated to Class I at review: No Yes If "yes", explain reason:

COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: Bond Segregation Confinement to Cell/Room Other
 Reason if Non-Bond: Non-Bond List Bond Revoked (must give reason)

Date and Time Given this Status: 10/7/16 2033 Who Notified in Housing Unit of Status: COPLAN

Hearing Investigator Requested? No Yes Witnesses Requested? No Yes
If yes, list:

Relevant Documents Requested? No Yes
If yes, list: V.I. Record

Additional Comments: Prisoner Waives 24 Hour Notice of Hearing? No Yes
Hearing Date: 10/15/16

Reviewing Officer's Name (Print) SGT Brouhard	Reviewing Officer's Signature 	Review Date and Time 10/7/16 2038
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I have received a copy of this report. My signature does not necessarily mean that I agree with the report.
 Prisoner refused to sign. Copy given to prisoner.

WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.
 Prisoner's Signature _____ Date _____

SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

_____ Days Toplock Begins: _____ Ends: _____ Counseling/Reprimand (Class III only)
 _____ Days Loss of Privileges Begins: _____ Ends: _____ \$ _____ Restitution (Class II only)
 _____ Hours Extra Duty Begins: _____ Ends: _____

Property Disposition If Applicable: _____

Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature	Date
Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-228
10/10 4835-3228

MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: N226	Violation Date: 12/3/16
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Time and Place of Violation: 1230 East Food Service	Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A
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Misconduct Class: I II III Charge(s): Out of Place

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):
At approx the above time and place, I directly observed Dallas 314685 walk through the North Serving line and grab a lunch meal. Dallas locks in Neebish unit and Neebish was not called to chow until 1240. Dallas stated that he came from med lines. Dallas does not have a medical detail that states he may go to chow immediately after med lines. Dallas ID'd by MDOC ID card and previous contact

Reporting Staff Member's Name (Print) Seames, S.V	Reporting Staff Member's Signature <i>[Signature]</i>	Date and Time Written 12/3/16 @ 1305 hrs
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REVIEW

Location/Verification/Condition of Evidence:

Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes	If "yes", explain reason:
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COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other	Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)
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Date and Time Given this Status:	Who Notified in Housing Unit of Status:
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Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
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Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:	
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Additional Comments:	Prisoner Waives 24 Hour Notice of Hearing? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date: <u>12-5-16</u>
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Reviewing Officer's Name (Print) <i>SA B. Blumke #218</i>	Reviewing Officer's Signature <i>[Signature]</i>	Review Date and Time <u>12-4-16 0802</u>
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I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input checked="" type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature <i>[Signature]</i> Copy given <i>(511)</i>
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WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.	Prisoner's Signature	Date
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SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)
_____ Hours Extra Duty	Begins: _____	Ends: _____	

Property Disposition If Applicable: _____

Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature	Date
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Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date
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MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: N-226	Violation Date: 12/08/2016
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Time and Place of Violation: 1600 hrs. N-226	Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A
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Misconduct Class: I II III Charge(s): Out of Place

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):
 On the above date and time while taking formal count, I directly observed Prisoner Dallas #314685 standing on a chair and not on his bunk during count. Prisoner Dalls did not have prior staff authorization to be off his bunk at count time. Prisoner was identified by frequent contact and Unit Master Count Board.

Reporting Staff Member's Name (Print) C/O Russo, F.	Reporting Staff Member's Signature <i>[Signature]</i>	Date and Time Written 12/08/2016 2130 hrs.
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REVIEW

Location/Verification/Condition of Evidence:

Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes	If "yes", explain reason:
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COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: Bond Segregation Confinement to Cell/Room Other
 Reason if Non-Bond: Non-Bond List Bond Revoked (must give reason)

Date and Time Given this Status:	Who Notified in Housing Unit of Status:
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:	

Additional Comments: Prisoner Waives 24 Hour Notice of Hearing? No Yes
 Hearing Date: _____

Reviewing Officer's Name (Print)	Reviewing Officer's Signature	Review Date and Time
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I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature	Date
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WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.	Prisoner's Signature	Date
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SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)
_____ Hours Extra Duty	Begins: _____	Ends: _____	

Property Disposition If Applicable: _____

Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature	Date
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Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date
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MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-228
10/10 4835-3228

MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: N-226	Violation Date: 12/08/2016
Time and Place of Violation: 1401 N-225/226		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A		
Misconduct Class: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III Charge(s): Insolence				
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): While doing a routine round prisoner Dallas 314685 stated to me, "Man yall trying to oppress motherfuckers. Fuck you." This statement was intended to harass and degrade this officer. Prisoner id'd by frequent contact and Neebish unit master countboard.				
Reporting Staff Member's Name (Print) MacDonald		Reporting Staff Member's Signature 		Date and Time Written 12/08/2016 2135
REVIEW				
Location/Verification/Condition of Evidence:				
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason:		
COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT				
Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)				
Date and Time Given this Status:		Who Notified in Housing Unit of Status:		
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:		
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:				
Additional Comments:		Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date: _____		
Reviewing Officer's Name (Print)		Reviewing Officer's Signature 		Review Date and Time
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature 		Date
WAIVER OF CLASS II OR III HEARING				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature 		Date
SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)				
_____ Days Toplock	_____ Begins:	_____ Ends:	<input type="checkbox"/> Counseling/Reprimand (Class III only)	
_____ Days Loss of Privileges	_____ Begins:	_____ Ends:	<input type="checkbox"/> \$ _____ Restitution (Class II only)	
_____ Hours Extra Duty	_____ Begins:	_____ Ends:		
Property Disposition If Applicable: _____				
Employee Accepting Plea and Imposing Sanction (Print)		Employee's Signature 		Date
Hearing Investigator's Name (Print)		Hearing Investigator's Signature 		Date

MICHIGAN DEPARTMENT OF CORRECTIONS
MISCONDUCT REPORT

CSJ-228
 10/10 4835-3228

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: K328	Violation Date: 5-23-17
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Time and Place of Violation: 1740 Round C Wing	Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A
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Misconduct Class: I II III Charge(s): **VRP # 43**

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):
**I directly observed prisoner Dallas # 314685 receive an item from one cell and slide it under the door of another cell. Passing of items is prohibited.
 Identified by Reg unit contact**

Reporting Staff Member's Name (Print) Greenleaf	Reporting Staff Member's Signature 	Date and Time Written 5-23-17 2100 hrs
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REVIEW

Location/Verification/Condition of Evidence:

Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes	If "yes", explain reason:
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COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)

Date and Time Given this Status:	Who Notified in Housing Unit of Status:
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Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:	If yes, list:
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Additional Comments:	Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date:
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Reviewing Officer's Name (Print) Charles Picotte	Reviewing Officer's Signature 	Review Date and Time 5/24/17 @ 1445
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I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature X Lawrence Dallas	Date 5/24/17
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WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.	Prisoner's Signature X Lawrence Dallas	Date 5/24/17
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SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)


Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)
Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)
Hours Extra Duty	Begins: _____	Ends: _____	

Property Disposition If Applicable: _____

Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature	Date
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Hearing Investigator's Name (Print)	Hearing Investigator's Signature	Date
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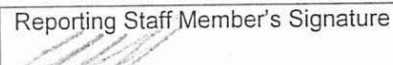
CONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: R 328	Violation Date: 5-29-17
Time and Place of Violation: 1734 Round unit lobby		Contraband Removal Record Provided to Prisoner? <input checked="" type="checkbox"/> Yes Date 5-29-17 <input type="checkbox"/> N/A		
Misconduct Class: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Charge(s): Substance Abuse (other substance)				
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): I directly observed prisoner Holt # 760393 pass a folded up piece of paper to prisoner Dallas # 314685. Dallas then tried to conceal the fact that he had it and dropped it on the floor. Inside the folded up piece of paper was a round, pinkish in color pill. The pill was identified by Health Services as a restricted medication. Dallas had no staff authorization to be in possession of restricted medication. Evidence verified by Health Services and destroyed per policy. Identified by regular unit contact and Round unit master count. see attached				
Reporting Staff Member's Name (Print) GREENLEAF		Reporting Staff Member's Signature 		Date and Time Written 5-29-17 2020hrs
REVIEW				
Location/Verification/Condition of Evidence:				
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason:		
COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT				
Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other				
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)				
Date and Time Given this Status:		Who Notified in Housing Unit of Status:		
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, list:		
If yes, list:				
Additional Comments:		Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date: _____		
Reviewing Officer's Name (Print)		Reviewing Officer's Signature		Review Date and Time
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature		Date
WAIVER OF CLASS II OR III HEARING				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature		Date
SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)				
_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)	
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)	
_____ Hours Extra Duty	Begins: _____	Ends: _____		
Property Disposition If Applicable: _____				
Employee Accepting Plea and Imposing Sanction (Print)		Employee's Signature		Date
Hearing Investigator's Name (Print)		Hearing Investigator's Signature		Date

MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: R-401	Violation Date: 05/30/2017
Time and Place of Violation: 1100 R-401		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A		
Misconduct Class: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III Charge(s): Out of Place				
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): While taking Formal Count I observed prisoner Dallas #314685 sitting on the stool in front of his desk. "Formal Count. On your bunks" was announced over the unit PA System and the count light was on in cell R-401/402. Prisoner had no staff authorization to be anywhere but on his bunk at this time. Prisoner identified by MDOC ID Card and Unit Count Board.				
Reporting Staff Member's Name (Print) J. McKinney		Reporting Staff Member's Signature 		Date and Time Written 05/30/2017 1330
REVIEW				
Location/Verification/Condition of Evidence:				
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason:		
COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT				
Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other				
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)				
Date and Time Given this Status:		Who Notified in Housing Unit of Status:		
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:		
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:				
Additional Comments:		Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Hearing Date: <u>5/31/17 0730</u>		
Reviewing Officer's Name (Print) <u>Desiree</u>		Reviewing Officer's Signature 		Review Date and Time <u>5/31/17 0730</u>
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature 		Date
WAIVER OF CLASS II OR III HEARING				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature		Date
SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)				
Days Toplock Begins: _____ Ends: _____		<input type="checkbox"/> Counseling/Reprimand (Class III only)		
Days Loss of Privileges Begins: _____ Ends: _____		<input type="checkbox"/> \$ _____ Restitution (Class II only)		
Hours Extra Duty Begins: _____ Ends: _____				
Property Disposition If Applicable: _____				
Employee Accepting Plea and Imposing Sanction (Print)		Employee's Signature		Date
Hearing Investigator's Name (Print)		Hearing Investigator's Signature		Date

MISCONDUCT REPORT

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: R-401	Violation Date: 06/10/17
Time and Place of Violation: 2100 Round unit cell 401-402		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A		
Misconduct Class: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III		Charge(s): Out of place		
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): On the above time and date I directly observed prisoner Dallas# 314685 off of his bunk sitting at his desk during count time. This is not authorized and prisoner Dallas had no staff authorization to do so.				
Prisoner I.D.'d by MDOC I.D. card				
Reporting Staff Member's Name (Print) Woodard		Reporting Staff Member's Signature 		Date and Time Written 06/10/17 2111
REVIEW				
Location/Verification/Condition of Evidence:				
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason:		
COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT				
Status Pending Hearing: <input type="checkbox"/> Bond		<input type="checkbox"/> Segregation		<input type="checkbox"/> Confinement to Cell/Room
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List		<input type="checkbox"/> Bond Revoked (must give reason)		
Date and Time Given this Status:		Who Notified in Housing Unit of Status:		
Hearing Investigator Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Relevant Documents Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, list:		
Additional Comments:		Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Reviewing Officer's Name (Print)		Reviewing Officer's Signature		Review Date and Time
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature		Date
WAIVER OF CLASS II OR III HEARING				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature		Date
SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)				
_____ Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)	
_____ Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)	
_____ Hours Extra Duty	Begins: _____	Ends: _____		
Property Disposition If Applicable: _____				
Employee Accepting Plea and Imposing Sanction (Print)		Employee's Signature		Date
Hearing Investigator's Name (Print)		Hearing Investigator's Signature		Date

Prisoner Number: 314685	Prisoner Name: Dallas	Facility Code: URF	Lock: R-401	Violation Date: 6/28/2017
Time and Place of Violation: 1600 Round Unit D wing		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A		

Misconduct Class: I II III Charge(s): Out of place

Describe Violation (if contraband involved, describe in detail; identify any other employee witnesses):
 While conducting formal count inmate Dallas #314685 was off his bunk sitting at his table. Inmate Dallas did not have staff authorization to be out of his bed at count time.

Inmate Dallas was ided by door card and unit count board.

Reporting Staff Member's Name (Print) C/O Robbins	Reporting Staff Member's Signature <i>C/O Robbins</i>	Date and Time Written 6/28/2017 2100
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REVIEW

Location/Verification/Condition of Evidence:

Elevated to Class I at review: No Yes If "yes", explain reason:

COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT

Status Pending Hearing: Bond Segregation Confinement to Cell/Room Other
 Reason if Non-Bond: Non-Bond List Bond Revoked (must give reason)

Date and Time Given this Status: _____ Who Notified in Housing Unit of Status: _____

Hearing Investigator Requested? No Yes Witnesses Requested? No Yes
 If yes, list: _____

Relevant Documents Requested? No Yes
 If yes, list: _____

Additional Comments: Prisoner Waives 24 Hour Notice of Hearing? No Yes
 Hearing Date: 6/30/2017

Reviewing Officer's Name (Print) <i>Sgt Pawley</i>	Reviewing Officer's Signature <i>Sgt Pawley</i>	Review Date and Time <i>6/29/17 @ 1835</i>
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.	Prisoner's Signature <i>[Signature]</i>	Date _____

WAIVER OF CLASS II OR III HEARING

I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.

Prisoner's Signature: *X Lawrence Dallas* Date: _____

SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)

5 Days Toplock Begins: 9/25/17 Ends: 9/30/17 Counseling/Reprimand (Class III only)
 Days Loss of Privileges Begins: _____ Ends: _____ \$ _____ Restitution (Class II only)
 Hours Extra Duty Begins: _____ Ends: _____

Property Disposition If Applicable: _____

Employee Accepting Plea and Imposing Sanction (Print) <i>Sgt Pawley</i>	Employee's Signature <i>Sgt Pawley</i>	Date <i>6/29/17</i>
Hearing Investigator's Name (Print) <i>H. Durant</i>	Hearing Investigator's Signature <i>[Signature]</i>	Date <i>6/30/17</i>