DC-138B
Rev. 2/08

STATEMENT BY WITNESS

Staff ☐ Inmate ☐ Other ☐ Name:_____ NCDOC: (Inmate Only) _____

Position or Title of Witness: (Staff Only- Include Staff ID)_____

Name and OPUS Number of Accused Inmate(s): _____

Name of Person Obtaining statement: _____

Date: _____ Time: _____

FOR ACCUSED INMATE USE ONLY:

I Request written statements be gathered in my behalf: ☐ Yes ☐ No. If yes, list names: _____

_____

I request live witness(es) be present at my hearing: ☐ Yes ☐ No. If yes, list names: _____

_____

I request physical evidence be reviewed at my hearing: ☐ Yes ☐ No

I request staff assistance at my hearing: ☐ Yes ☐ No Inmate Initials _____

(Note: This statement must give a factual account of the events witnessed. Of particular importance is information as to what was observed, where and when it occurred, who was involved, names of other witnesses to the event, and if possible, any factual information relative to possible reasons for the misconduct.)

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(Statement may be continued on an attached sheet.)

I have read the above statement and affirm that it is based on personal observation of the events described and that it is, to the best of my knowledge, a true and accurate statement of fact.

Signature of witness _____ Date _____Time_____