**GBMI Status Hearing Notice:**

**DATE:** Click here to enter a date.

**Offender Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Offender Name:** |  | **Offender #:** |  |

**This is to inform you that you have been scheduled to have a hearing to review your Guilty But Mentally Ill status.**

Your rights at the hearing:

* The right to appear at the hearing, unless your attendance being at the hearing poses a substantial risk of harm to self and / or others;
* The right to present relevant evidence including statements, documents and witnesses (write in witnesses below);
* The right to refuse to participate in the hearing;
* The right to remain silent during the hearing;
* The right to have an advisor / legal counsel to help you during the hearing process. Your advisor will attend the meeting whether you are at the hearing or not;
* The right to be informed of the evidence used in the hearing.

**Hearing Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hearing Date and Time:** |  | | | |
| **Serving Date and Time:** |  | | | |
| **Offender Response:** |  | **Will attend the hearing.** |  | **Refused to attend the hearing.** |
| **If Hearing Postponed New Date and Time:** |  | | | |

**Witness Information**

|  |  |  |
| --- | --- | --- |
| **I request the following witnesses:** | | |
| **Name:** | **Contact Information:** | **Relevance to Hearing:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Signatures**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Signature:** | **Date:** |
|  |  |  |
| Check here if offender refused to sign. | | |
| **Serving Employee** |  |  |