

POST RELEASE SUPERVISION and PAROLE COMMISSION HEARING WAIVERS

OFFENDER'S NAME :	
OPUS NUMBER :	
RACE :	SEX :

PC-18b – Waiver of Right to Counsel at Preliminary Hearing / Revocation Hearing before the Post Release Supervision and Parole Commission

I do hereby waive my right to assigned counsel pursuant to GS 148-62.1 and GS 7A-450. I have been informed of the alleged violation(s) of the condition(s) of my Parole / Conditional Release / Post Release Supervision heretofore granted by the North Carolina Post Release Supervision and Parole Commission and understand that I may appear in all respects in my own behalf should I elect to do so.

CHECK BOX(ES) THAT APPLY : Preliminary Hearing Commission Hearing

OFFENDER'S SIGNATURE :	DATE:
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PC-18b – Waiver of Forty-Eight (48) Hour Preliminary Hearing Notice

I understand that I am entitled to at least 48 hours advance notice as to the time and place of my Preliminary Hearing and that the purpose of such advance notice is to give me an opportunity to make such preparation for the Preliminary Hearing as I see fit. I understand the seriousness of the hearing. I do hereby waive my right to 48 hour advance notice of the Preliminary Hearing before a hearing officer of the North Carolina Department of Public Safety and I am prepared to proceed with this hearing at this time

OFFENDER'S SIGNATURE :	DATE:
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PC-18c – Waiver of Preliminary Hearing and Post Release Supervision and Parole Commission Hearing (NC Pending Criminal Charges)

I do hereby waive my right to a Preliminary Hearing and Post Release Supervision and Parole Commission Hearing until pending North Carolina criminal charges have been disposed of by the Courts. I do understand the purpose of these hearings is to determine whether there is probable cause to believe that I have violated the condition(s) of my Parole / Conditional Release/ Post Release Supervision heretofore granted by the North Carolina Post Release Supervision and Parole Commission.

OFFENDER'S SIGNATURE :	DATE :
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WITNESS SIGNATURE :	DATE :
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WITNESS TITLE :

REVOCATION HEARING OFFICER SIGNATURE :	
STAFF ID:	DATE :

Distribution: Original – Parole/Post Release Supervision Office
 Copy – Offender
 Copy – Revocation Hearing Officer Records