Incarcerated Individual Name and DOC Number: #
SOTP/IDAP Hearing Notice #

SOTP/IDAP HEARING
STAFF STATEMENT

of _____
(print name)

THIS STATEMENT IS A TRUTHFUL STATEMENT. _____

Signature: _____ **Date:** _____

(If additional pages are needed, each page needs to be signed and any corrections initialed by the person making the statement to certify the facts are true.)