



STATE OF NEW YORK
**DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION**
THE HARRIMAN STATE CAMPUS – BUILDING 2
1220 WASHINGTON AVENUE
ALBANY, N.Y. 12226-2050

TO: _____, District Attorney

_____ County

FROM: _____, Criminal Prosecution Liaison

_____ Correctional Facility

RE: TIER HEARING EVIDENTIARY FORM

DATE: _____

Please be advised that prior to the commencement of the Tier Disciplinary Hearing, the inmate was advised as follows:

*“You are hereby advised that no statement made by you in response to the charge, or information derived from your statement may be used against you in a criminal proceeding.”**

*7 NYCRR 251-3.1(d)(1)