

**Texas Department of Criminal Justice  
ACADEMY DEMERIT ASSESSMENT NOTIFICATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Trainee Name or Number: \_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_  
(mm/dd)

Charged with violation of Academy Rule Number/Description: \_\_\_\_\_

\_\_\_\_\_ according to the Listing of Academy Rule Violations (Attachment A to PD-33).

I, \_\_\_\_\_, Trainee Number \_\_\_\_\_, am providing the following statement:  
(Print) First Name MI Last Name (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Note to Trainee:** With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

**Disposition:**

Number of demerits assessed for this violation: \_\_\_\_\_ Total number of demerits assessed to date: \_\_\_\_\_

Counsel by Training Instructor

Training Instructor Name:

\_\_\_\_\_  
(Print) First MI Last

\_\_\_\_\_  
Signature Date (mm/dd/yyyy)

Counsel by Academy Supervisor

Separation from TDCJ Employment

Training Supervisor Name:

\_\_\_\_\_  
(Print) First MI Last

\_\_\_\_\_  
Signature Date (mm/dd/yyyy)

Distribution: Copy – Trainee; Copy – Academy Supervisor