

SEGREGATION REVIEW

Review of placements will occur every seven days for the first two months and every 30 days thereafter by the facility/unit classification committee to determine if reasons for continued placement still exist.

FACILITY: _____ DATE: _____

NAME: _____ DOC NUMBER: _____ RACE: _____

INITIAL DATE OF PLACEMENT: _____ DATE OF LAST REVIEW: _____

SEVEN DAY: _____ (within first 2 months of initial placement) THIRTY DAY: _____ (after 2 months)

1. INITIAL REASONS FOR PLACEMENT:

2. CURRENT REASONS FOR CONTINUED PLACEMENT:

3. WILLINGNESS TO TERMINATE SEGREGATION:

4. RECOMMENDATION AND REASON: (If continued placement; explain)

Unit Manager

Case Manager

Correctional Staff

Offender's Signature / DOC No.

Accepted copy Refused copy

Reviewer's Signature and Title _____

Additional Comments: _____

Original: Facility Head – Field File
1st Copy: Offender
2nd Copy: Shift Supervisor of Segregation Housing Unit

(R 11/08)