

ADMINISTRATIVE SEGREGATION REVIEW

Name	DOC number	Facility		Date
Initial assignment date:	Special Housing Inter	ake 🗌 Init	ial 🗌 Interme	diate 🗌 Final
	RECOMMENDAT	IONS		
 Release from Segregation Release from Segregation and Continue Segregation and sch 		ng assignme	ent protections/m	ental health
REASONS TO CONTINUE BEYOND 72 HOURS				
☐ Threat to others ☐ Threat to ☐ Other (specify below)	o self	ecurity [Threat to orde	rliness of facility
Be as specific as possible, to incl	lude:			
 Reasons/incident(s) leading to observation report, incident re 	0 0 1			al incidents,
2) Reasons to continue placement, and 3) reasons to release placement				
Reason for placement:				
Information presented by incarce	rated ndividual:			
Information presented by others i	including witnesses and/	or confident	ial information:	
Adjustment and Individual Behav	ioral Management Plan	(IBMP):		
Was individual present at hearing	g (if no, why?):			

Recommendation and justification:		
Modify decision to:		
Individual requires monitoring for	medication 🛛 🗌 Individual requ	uires special diet
Employee completing form	Signature	Date
Approve Deny		
Superintendent/designee	Signature	Date
Reason for denial/modify decision to	:	
Individual in segregation	Signature	Date
The contents of this document may be eligible for will be redacted in the event of such a request. Th		
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