ADMINISTRATIVE SEGREGATION REVIEW

Name ___________________________ DOC number __________ Facility __________ Date __________

Initial assignment date: _____ □ Special Housing Intake □ Initial □ Intermediate □ Final

RECOMMENDATIONS

☐ Release from Segregation
☐ Release from Segregation and place on special housing assignment protections/mental health
☐ Continue Segregation and schedule next review

REASONS TO CONTINUE BEYOND 72 HOURS

☐ Threat to others     ☐ Threat to self     ☐ Threat to security     ☐ Threat to orderliness of facility
☐ Other (specify below)

Be as specific as possible, to include:

1) Reasons/incident(s) leading to Segregation placement (e.g., infractions, behavioral incidents, observation report, incident reports, past administrative segregation placements)

2) Reasons to continue placement, and 3) reasons to release placement

Reason for placement:

________________________________________________________________________________________

Information presented by incarcerated individual:

________________________________________________________________________________________

________________________________________________________________________________________

Information presented by others including witnesses and/or confidential information:

________________________________________________________________________________________

________________________________________________________________________________________

Adjustment and Individual Behavioral Management Plan (IBMP):

________________________________________________________________________________________

________________________________________________________________________________________

Was individual present at hearing (if no, why?):

________________________________________________________________________________________
Recommendation and justification:


☐ Modify decision to: ____________________________

☐ Individual requires monitoring for medication ☐ Individual requires 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 public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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