



SEGREGATION AUTHORIZATION

Name	DOC number
Facility	Date/time placed in Segregation / <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

SECTION I

Reason for placement:

- Threat to others/self/security
 Self-request
 Infraction submitted
 Summary of confidential information
 Other (explain): _____

Special Instructions:

- Special diet
 Medications (list prescriptions): _____
 Other (explain): _____

_____ _____ _____
 Requesting employee Date Authorizing Lieutenant/Correctional Unit Supervisor

_____ _____ _____
 Reviewed/approved by Superintendent/designee Date Escorting employee

SECTION II

- Next action due by: _____
 Notification of initial review: _____ a.m. p.m.
 Served DOC 05-797 Ad Seg Review Notice/Appearance Waiver

_____ _____
 Incarcerated individual signature Date

_____ _____ _____
 Employee serving notice Signature Date

Individual refused to sign

_____ _____ _____
 Witness 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.

Distribution: **ORIGINAL** - Imaging file, Scan and Toss
COPY - Hearings Office, Segregation Unit Supervisor, Superintendent, Incarcerated individual