

RE-ASSIGNMENT REVIEW FORM - SEPARATE HOUSING

FACILITY/CENTER: _____ DATE OF REVIEW: _____

INMATE NAME: _____ NUMBER: _____

CLASSIFICATION COMMITTEE RECOMMENDATION: (Check appropriate block):

RECOMMEND GENERAL POPULATION: _____ CONTINUE SEPARATE HOUSING: _____

DOCUMENT SPECIFIC REASONS FOR CONTINUED SEPARATE HOUSING:

Signed: _____

Chairman, Classification Committee

FINDINGS TO THE WARDEN/SUPERINTENDENT: YES: _____ NO: _____

WARDENS'/SUPERINTENDENT'S RECOMMENDATION: (Check appropriate block)

RETURN TO GENERAL POPULATION: _____ CONTINUE SEPARATE HOUSING: _____

WARDEN'S /SUPERINTENDENT'S COMMENTS: _____

Signed: _____

Warden or Superintendent

FOR CENTRAL OFFICE CLASSIFICATION: Date of Review: _____

RETURN TO GENERAL POPULATION: _____ REMAIN IN SEPARATE HOUSING _____

DISTRIBUTION: 1 copy Central Office Classification
 1 copy Inmate Administrative File
 1 copy Inmate

RETENTION SCHEDULE:

Once completed, this form will be placed in the Inmate Case History file.