96-Hour Segregation Hearing

Date: _______________

I. Offender: ___________________________ GDC Number: ___________________________
   Facility/Center: _______________________________________________________________

II. On: ___________________________ at: ___________________________
      (date) (time)

   In accordance with GDC Rule 125-3-1-.03 and SOP 209.06, you were placed in Administrative
   Segregation (voluntarily/involuntarily) for the following reasons:
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

III. Offender's rebuttal: _______________________________________________________
     _________________________________________________________________
     _________________________________________________________________
     _________________________________________________________________

IV. Classification Committee: ___________________________________________________
    _________________________________________________________________
    _________________________________________________________________
    _________________________________________________________________

A. Above Offender has been informed of reasons why placed in Administrative Segregation.
   B. Recommendation:  |_| Remain in Administrative Segregation.
                         |_| Return to appropriate housing unit.

________________________________  __________________________________  _______________
   Member                        Member                                Chairman

Copy: Offender

RetentionPolicy: Upon completion, this form shall be placed in the offender’s institutional file and maintained according to the
official retention schedule for that file.