FACILITY/CENTER: ___________________________________________

TO: Warden/Superintendent Date: __________

RE: Segregation Time: __________

Offender: ____________________________________________ GDC ID: ________________________

Present Assignment: ____________________________________________

The above named offender/probationer was placed in Segregation: Tier I on this date _____ for the reasons indicated:

Voluntary: _____________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Involuntary: ___________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

(a) An informal hearing was held and the offender/probationer was advised of the reasons for this assignment.

The offender's/probationer's comments or rebuttal were as follows:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Date: __________ Signature of Officer authorizing action: ________________________________

Deputy Warden-Security/Assistant Superintendent: Investigate and advise me of findings.
Chairman, Classification Committee: Hold hearing and forward record of hearing for my review.
Other: _____________________________________________________________________________________________

Warden's/Superintendent's Action:

[ ][ ][ ]

Warden's/Superintendent's Signature: __________________________ Date: __________________________
Copies: Offender Offender file
RETENTION SCHEDULE: Upon completion of this form, it will be placed in the offender’s/probationer’s case history file.