

**SEGREGATION: TIER I PROGRAM
ASSIGNMENT MEMO**

Attachment 2
SOP IIB09-0002 (209.07)
04/30/15

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: _____

Offender's/Probationer's Signature: _____

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:** _____

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Warden's/Superintendent's 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 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.