

SEGREGATION: TIER I PROGRAM
Segregation 30 Day Review Memo

FACILITY: _____

Date: _____

RE: Segregation: Tier I 30 Day Review Memo

Offender: _____ **GDC #:** _____

Present

Assignment:

In accordance with Segregation: Tier I SOP, a 30 Day Review was conducted with the following recommendation:

Date: _____ **Warden's/Designee Signature:** _____

I acknowledge the receipt of this Segregation: Tier I 30 Day Review.

Date: _____ **Offender's Signature:** _____

I acknowledge that the offender received the Tier I 30 Day Review Memo on this Date

I acknowledge that the offender received the Tier I 30 Day Review Appeal form on this Date

Date: _____ **Staff Signature:** _____

Copies: Offender
Offender File

RETENTION SCHEDULE: Upon completion of this form, it will be placed in the offender case history file.