

**Administrative Segregation: Tier II Program Assignment Recommendation**

Offender's Name:		GDC ID #:	
Date:		Classification Committee Chairperson's Signature	

<input type="checkbox"/>	The offender is noted as a threat to the safe and secure operation of the Facility. This may include <b>but is not limited to</b> offenders who have documented STG activities/involvement, notoriety of crimes, high level of supervision requirements, and offenders who have either been threatened with bodily harm or threatened others with bodily harm.	<input type="checkbox"/>	Two or more disciplinary infractions for possession of a weapon within the past year.
<input type="checkbox"/>	Escape within the previous five (5) years involving violence or serious threat of violence.	<input type="checkbox"/>	Three or more disciplinary charges within the previous 12 months that involve assaultive or excessive disruptive behavior of either Great or High severity level as defined in the Inmate Discipline SOP (IIB02-0001).
<input type="checkbox"/>	Escape (s) or escape attempts within the previous three years (3) from a state prison, County CI, or private prison.	<input type="checkbox"/>	Offenders with assaultive histories.
<input type="checkbox"/>	Leadership or Participation in a major disturbance or riot during the previous five (5) years involving: (a) ten or more offenders; and/or (b) the serious threat of loss of life or actual major property damage.	<input type="checkbox"/>	Excessive destruction of state property.
<input type="checkbox"/>	Failure in the Tier I Program or refusal to participate.	<input type="checkbox"/>	Transfer from GDCP SMU to a Tier II-Phase 3 or Tier II-Mental Health program.
<input type="checkbox"/>	Participation as a leader or involvement in a major disruptive event, major disturbance, or directing the assault or homicide of other offender(s) during the previous five (5) years	<input type="checkbox"/>	Attempting to introduce or trafficking of cellular devices, drugs, tobacco or other illegal contraband.
<input type="checkbox"/>	Possession of a firearm or of an explosive device within the previous five years.	<input type="checkbox"/>	

Describe Specific Reason if Additional Information Is needed:

**In accordance with the Tier II Program SOP, the offender is recommended for placement to the Administrative Segregation: Tier II for the following reasons:**

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Tier II Unit Manager \_\_\_\_\_ Date \_\_\_\_\_ Security Member \_\_\_\_\_ Date \_\_\_\_\_

Care & Treatment Member \_\_\_\_\_ Date \_\_\_\_\_

\*\*Referring Classification Committee Chair sends document to the Warden's/Designee's Office

Copies: Offender File

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

Tier II Initial Segregation Review

Date: \_\_\_\_\_

I. Offender: \_\_\_\_\_ GDC ID#: \_\_\_\_\_

In accordance with the Tier II SOP, you were placed in Tier II for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Offender's Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IV. Classification Committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Above Offender has been informed of reasons why he was placed in Tier II Program.

- B. Recommendation:     Assignment to Administrative Segregation: Tier II Program.  
                                  Reassignment to General Population  
                                  Transfer to another Facility

\_\_\_\_\_  
Security Member/Date

\_\_\_\_\_  
Care & Treatment Member/Date

\_\_\_\_\_  
Unit Manager – Designee/Date

V. Warden's/Designee's Remarks: Approval  Disapproval  \_\_\_\_\_  
Warden's/Designee's Signature / Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The offender has the right to appeal the above decision to the Facilities Director. Offender has three (3) business days to appeal this decision on the attached form. (Assignment Appeal Form – Attachment 3)

Copies: Offender File

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