

**Administrative Segregation: Tier II Program  
Assignment Appeal Form**

**I. Offender:** \_\_\_\_\_ **GDC #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

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

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

**III. Offender's rebuttal:** (within 3 business days submit to the assigned counselor who shall forward to the Facilities Director's Office).

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

DATE APPEAL RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_ (COUNSELOR)

**IV. Review of Appeal**

\_\_\_\_\_ I  concur /  disagree with the Administrative Segregation: Tier II Program Classification Committee / Warden's Action. The following decision(s) has/have been made in this case.

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

\_\_\_\_\_  
**Director of Field Operations/Designee Signature**

\_\_\_\_\_  
**Date**

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

-----  
**OFFENDER RECEIPT FOR ADMINISTRATIVE SEGREGATION TIER II PROGRAM ASSIGNMENT**

**OFFENDER'S NAME:** \_\_\_\_\_ **I.D.#:** \_\_\_\_\_

**I ACKNOWLEDGE RECEIPT OF THIS APPEAL FROM THE ABOVE OFFENDER.**

**DATE:** \_\_\_/\_\_\_/\_\_\_

**COUNSELOR'S SIGNATURE:** \_\_\_\_\_