Administrative Segregation: Tier II Program
90-Day Review Memo
SOP 209.08 (IIB09-0003)
(04/11/16)

FACILITY: ______________________ Date: _________

RE: Administrative Segregation: Tier II 90-Day Review Memo

Offender: __________________________ GDC #: __________________

Present Assignment: __________________________

In accordance with Administrative Segregation: Tier II SOP, a 90-Day Review was conducted with the following recommendation:

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Date: ________ Warden’s/Designee Signature: __________________________

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[ ] I acknowledge the receipt of this Administrative Segregation: Tier II 90-Day Review.

Date: ________ Offender’s Signature: __________________________

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[ ] I acknowledge that the offender received the A.S. Tier II 90-Day Review Memo on this Date.

[ ] I acknowledge that the offender received the A.S. Tier II 90-Day Review Appeal form on this Date.

Date: ________ Staff Signature: __________________________

Copies: Offender

Offender File

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