

**Administrative Segregation: Tier II Program  
90 Day Review Assignment Appeal Form**

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

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

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

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

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

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

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

**IV. Review of Appeal**

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

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

\_\_\_\_\_  
**Warden's Signature**

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

Copies: Offender                  Offender file

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

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**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:** \_\_\_\_\_