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:

   ___________________________________________________________________________

   ___________________________________________________________________________

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   ___________________________________________________________________________

   DATE APPEAL RECEIVED: ________________________ BY:________________________(COUNSELOR)

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

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   ___________________________________________________________________________

   ___________________________________________________________________________

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: ____________________________