

**Restrictive Housing Assignment - Juvenile Offender Administrative Segregation 30 Day Review**

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

In accordance with the Restrictive Housing Assignment - Juvenile Offender Administrative Segregation SOP, a 30 Day Review was conducted with the following recommendation:

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

II. Juvenile Offender's Statement: \_\_\_\_\_

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

III. Classification Committee: \_\_\_\_\_

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

A. The above Offender has been informed of reasons why he was placed in Restrictive Housing Assignment - Juvenile Offender Administrative Segregation.

- B. Recommendation:     Retained in the current Phase of the RHA-JOAS  
                               Reassignment to a lower Phase of the RHA-JOAS  
                               Reassignment to a higher Phase of the RHA-JOAS  
                               Reassignment to General Population  
                               Transfer to another Facility's RHA-JOAS

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

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

\_\_\_\_\_  
Unit Manager - Designee/Date

\*\*\*\*\*The juvenile offender has the right to appeal the above decision to the Warden. The Juvenile offender has three (3) business days to appeal this decision on the attached form. (Review Assignment Appeal Form – Attachment 7)

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