

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

I. Juvenile Offender: _____ **GDC#:** _____ **DATE:** _____

II. Restrictive Housing Assignment - Juvenile Offender Administrative Segregation Assignment:

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

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

DATE APPEAL RECEIVED: _____ **BY:** _____ **(COUNSELOR)**

IV. Review of Appeal:

_____ I concur / disagree with the Restrictive Housing Assignment - Juvenile Offender Administrative Segregation Program Classification Committee's Action. The following decision(s) has/have been made in this case:

Warden's Signature

Date

Copies: Offender

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

OFFENDER RECEIPT FOR RESTRICTIVE HOUSING ASSIGNMENT - JUVENILE OFFENDER ADMINISTRATIVE SEGREGATION PROGRAM ASSIGNMENT

JUVENILE OFFENDER'S NAME: _____ **I.D. #:** _____

I ACKNOWLEDGE RECEIPT OF THIS APPEAL FROM THE ABOVE OFFENDER.

DATE: ___/___/___ **COUNSELOR'S SIGNATURE:** _____

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