Special Management Unit: Tier III Program 90-Day Review Hearing Form

Current Date: ________________

Date of Initial Assignment to Tier III: ________________

Date of 90-Day Mental Health Review: ________________

Mandatory Release Date (MRD): ________________

I. Offender: ____________________________ GDC#: ____________________________

II. Hearing Date: ________________ Hearing Time: ________________

In accordance with the Special Management Unit: Tier III Program SOP, you were assigned to Phase _____ for the following reasons:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

III. Offender’s Rebuttal:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

IV. Special Management Unit: Tier III Program Classification Committee:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

V. Offender within 12-months of MRD consideration:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

The above-named offender has been informed that a 90-Day Review was conducted with the following recommendation given for his/her assignment:

☐ Remain in Current Phase
☐ Move to the Next Phase
☐ Return to Lower Phase
☐ Release/Transfer to Tier III STEP Program** *(Forward to Director of Field Operations Only**)

Chief of Security: ____________________________ Date: ____________

MH Staff: ____________________________ Date: ____________

GP Counselor: ____________________________ Date: ____________

DW Security/Date (Chairman): ____________________________ Date: ____________
Retention Schedule: Upon completion, this form shall be placed in the offender’s institutional file.