

Special Management Unit: Tier III Program 60-Day Review Hearing Form

Current Date: _____

Date of Initial Assignment to Tier III: _____

Date of 60-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 60-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: _____

VI. Warden (or designee) Review **Date Received:** _____

I concur / disagree with the Special Management Unit: Tier III Program Classification Committee's

Recommendation and the following recommendation(s) has been made in this case:

Warden (or designee)

Date

Date Review Sent to Director, Field Operations (or designee): _____
(Send within 10 business days of receipt)

****Forward to Director of Field Operations (or designee) if recommended for release to Tier III STEP Program**

VII. Director of Field Operations (or designee) Review

Date Received: _____

I concur / disagree with the Special Management Unit: Tier III Program Classification Committee's Recommendation and the following recommendation(s) has been made in this case:

Director, Field Operations (or designee)
(Send within 10 business days of receipt from Warden)

Date

VIII. Assistant Commissioner of Facilities Review

Date Received: _____

I concur / disagree with the Special Management Unit: Tier III Program Classification Committee's Recommendation and the following recommendation(s) has been made in this case:

Assistant Commissioner for Facilities

Date

IX. Offender's Acknowledgment of 60-Day Review Hearing

Signature/Date