

**Special Management Unit: Tier III Program Over 2-Years 90-Day Quarterly Review Hearing Form**

**Current Date:** \_\_\_\_\_

**Date of Initial Assignment to Tier III:** \_\_\_\_\_

**Date of last 90-Day Mental Health Review:** \_\_\_\_\_

**Mandatory Release Date (MRD):** \_\_\_\_\_

**Within 12-months of Release:** \_\_\_\_ YES or \_\_\_\_ NO

**I. Offender:** \_\_\_\_\_ **GDC#:** \_\_\_\_\_

**II. In accordance with the Special Management Unit: Tier III Program SOP, the offender was assigned to Phase \_\_\_\_\_ following the last 90-Day Review (see Attachment 4).**

**III. In accordance with the Special Management Unit: Tier III Program SOP, the following were considered as part of the offender's Over 2-Years 90-Day Quarterly Review:**

**a. Length of time in Current Phase:** \_\_\_\_\_

**b. Perceived Risk of Release from SMU:** \_\_\_\_\_

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

**c. Number, type, and frequency of disciplinary reports:** \_\_\_\_\_

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

**d. Involvement in self-improvement activities:** \_\_\_\_\_

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

**e. Behavior while in the SMU:** \_\_\_\_\_

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

**f. Offender's 60-day or 90-day mental health evaluation:** \_\_\_\_\_

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

**g. Progress on the Offender's Management Plan:** \_\_\_\_\_

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

**IV. Over 2-Years 90-Day Quarterly Review Panel Member Observations:**

**a. Director, Fac Ops (or designee):** \_\_\_\_\_

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

b. Med Director (or designee): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. MH Director (or designee): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Legal Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. The above-named offender has been given an Over 2-Years 90-Day Quarterly Review 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

Director, Fac Ops (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

Med Director (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

MH Director (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

Legal Services: \_\_\_\_\_ Date: \_\_\_\_\_

VI. Offender's Rebuttal:

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

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

VII. Commissioner or Assistant Commissioner Review Date Received: \_\_\_\_\_

I  concur /  disagree with the Over 2-Years 90-Day Quarterly Review Panel Recommendation and the following recommendation(s) has been made in this case:

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

\_\_\_\_\_  
Commissioner or Assistant Commissioner

\_\_\_\_\_  
Date

**VIII. Offender's Acknowledgment of the Over 2-Years 90-Day Quarterly Review Recommendation**

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*Signature/Date*