

## SEGREGATION REVIEW

Review of placements will occur every seven days for the first two months and every 30 days thereafter by the facility/unit classification committee to determine if reasons for continued placement still exist.

FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOC NUMBER: \_\_\_\_\_ RACE: \_\_\_\_\_

INITIAL DATE OF PLACEMENT: \_\_\_\_\_ DATE OF LAST REVIEW: \_\_\_\_\_

SEVEN DAY: \_\_\_\_\_ (within first 2 months of initial placement) THIRTY DAY: \_\_\_\_\_ (after 2 months)

1. INITIAL REASONS FOR PLACEMENT:

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2. CURRENT REASONS FOR CONTINUED PLACEMENT:

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3. WILLINGNESS TO TERMINATE SEGREGATION:

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4. RECOMMENDATION AND REASON: (If continued placement; explain)

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\_\_\_\_\_  
Unit Manager

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Correctional Staff

\_\_\_\_\_  
Offender's Signature / DOC No.

^ Accepted copy    ^ Refused copy

Reviewer's Signature and Title \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Original: Facility Head – Field File  
1<sup>st</sup> Copy: Offender  
2<sup>nd</sup> Copy: Shift Supervisor of Segregation Housing Unit

(R 11/08)