FACILITY/CENTER: ___________________________________________

TO: Warden/Superintendent Date: ____________

RE: Administrative Segregation Time: ____________

Inmate:______________________________________________________________Number:___________________________

Present Assignment: ___________________________________________________________________________________

The above named inmate/probationer was placed in Administrative Segregation on the above date for the reasons indicated:

Voluntary: _____________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Inmate's/Probationer's Signature: _______________________________________________

Involuntary: ______________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

(a) An informal hearing was held and the inmate/probationer was advised of the reasons for this assignment.

The inmate's/probationer's comments or rebuttal were as follows:

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Date: ______________ Signature of Officer authorizing action: ____________________________________________

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Warden's/Superintendent's Action:

☐ Deputy Warden-Security/Assistant Superintendent: Investigate and advise me of findings.

☐ Chairman, Classification Committee: Hold hearing and forward record of hearing for my review.

☐ Other: ____________________________________________________________________________

Warden's/Superintendent's Signature: ___________________________ Date: ______________________

RETENTION SCHEDULE: Upon completion of this form, it will be placed in the inmate/probationer’s case history file.