Facility

Segregation Hearing

Date

I. Inmate: ___________________________ Number: __________________

II. On: ___________________________ at: ________________________

          (date)                       (time)

In accordance with GDC Rule 125-3-1-03, you were placed in Administrative Segregation (voluntarily/involuntarily) for the following reasons:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

III. Inmate's rebuttal: __________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

IV. Classification Committee: __________________________________________________________________

_______________________________________________________________________________

A. Above Inmate has been informed of reasons why placed in Administrative Segregation.

B. Recommendation:  |_| Remain in Administrative Segregation.

        |_| Return to population.

        |_| Other.

        Member       Member       Chairman

V. Warden's Remarks: Approval |_| Disapproval ___ Warden / Superintendent Signature / Date

Comments: __________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Copies:  Inmate File

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