MOCC Form 3-0066
01 December 2007

QUALITY OF LIFE REVIEW

_____ _____ _____
Inmate Name **DOC Number** **Date**

Total accumulated time of positive behavior:_____

Decision: Retain at Level 1 Increase to Level 2 **Effective Date**_____

_____
Segregation Technician

Recommendations: Retain at Level 2 Increase to Level 3 Increase to Level 3D

Comments:_____
_____
_____

_____
Case Manager

Approved:_____ **Denied**_____ **Effective Date**_____

Comments:_____
_____
_____

_____
Segregation Commander

Recommendations: Retain at Level 3 ☐ Increase to Level 4 ☐ Increase to Level 5 ☐

Comments:_____
_____
_____

_____
Case Manager

Forward to PRO Committee:_____ **Retain at Level:**_____ **Reduce to Level:**_____

Comments:_____
_____
_____

_____
Segregation Commander

Original: Chronological Log
Copy: Case Manager