

Administrative Segregation Assignment Memo

FACILITY/CENTER: _____

TO: Deputy Warden/Assistant Superintendent/Unit Manager/Duty Officer

Date: _____

RE: Administrative Segregation

Time: _____

Offender: _____ **Number:** _____

Present Assignment: _____

The offender named above was placed in Administrative Segregation on the above date for the reasons indicated:

Voluntary: _____

Involuntary: _____

This offender poses a direct threat to the safety of others or himself/herself or poses a clear threat to the secure operations of the facility. (please circle) yes/no

Date: _____ **Signature of Officer authorizing action:** _____

Deputy Warden/Assistant Superintendent/Unit Manager/Duty Officer 24-Hour Review Decision:

	Return Offender to appropriate housing assignment.
	Remain in Administrative Segregation (96-hour Formal Hearing for Initial Voluntary/Involuntary Assignment to Administrative Segregation to follow).

Deputy Warden/Assistant Superintendent/Unit Manager/Duty Officer Signature:

Date: _____

The offender named above was given orientation to the Administrative Segregation unit.

I understand the orientation and that I will be held accountable for any violations of Administrative Segregation Unit rules.

Offender's Signature: _____ **Date:** _____

CC. Warden
Offender

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file and maintained according to the official records retention schedule for that file.