

96-Hour Segregation Hearing

Date: _____

I. Offender: _____ **GDC Number:** _____

Facility/Center: _____

II. On: _____ **at:** _____
(date) (time)

In accordance with SOP 209.06, you were placed in Administrative Segregation (voluntarily/involuntarily) for the following reasons:

III. Offender's rebuttal: _____

IV. Classification Committee: _____

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

B. Recommendation: ☐ **Remain in Administrative Segregation.**
☐ **Return to appropriate housing unit.**

Member

Member

Chairman

Copy: Offender