

**Administrative Segregation: Tier II Program 90-Day Review**

I. Offender: \_\_\_\_\_ GDC ID#: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with the Administrative Segregation: Tier II SOP, a 90-Day Review was conducted with the following recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Offender's Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

III. Classification Committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Above Offender has been informed of reasons why he or she was placed in Tier II Program.

- B. Recommendation:  Retained in the current Phase of the Tier II Program;  
 Reassignment to a lower Phase of the Tier II Program;  
 Reassignment to a higher Phase of the Tier II Program;  
 Reassignment to General Population;  
 Transfer to another Facility's Tier II Program; or  
 Transfer to GDCP High Max Program.

\_\_\_\_\_  
Security Member/Date

\_\_\_\_\_  
Care & Treatment Member/Date

\_\_\_\_\_  
Unit Manager – Designee/Date

IV. Warden's/Designee's Remarks: Approval  Disapproval  \_\_\_\_\_

Warden's/Designee's Signature / Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The offender has the right to appeal the above decision to the Warden. Offender has three (3) business days to appeal this decision on the attached form. (Review Assignment Appeal Form – Attachment 7)

Copies: Offender File

RETENTION SCHEDULE: Upon completion of this form, it shall be placed in the offender's case history file.