

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

Attachment 6
SOP 209.08 (IIB09-0003)
(04/11/16)

FACILITY: _____

Date: _____

RE: Administrative Segregation: Tier II 90-Day Review Memo

Offender: _____ **GDC #:** _____

Present Assignment: _____

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

Date: _____ **Warden's/Designee Signature:** _____

I acknowledge the receipt of this Administrative Segregation: Tier II 90-Day Review.

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

I acknowledge that the offender received the A.S. Tier II 90-Day Review Memo on this Date.

I acknowledge that the offender received the A.S. Tier II 90-Day Review Appeal form on this Date.

Date: _____ **Staff Signature:** _____

Copies: Offender
Offender File

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