$Restrictive\ Housing\ Assignment-Juvenile\ Offender\ Administrative\ Segregation$

Assignment Appeal Form

I.	Juvenile offender:	GDC #:	DATE:
II.	Restrictive Housing Assignment – Juvenile Offender Administrative Segregation Assignment		
	In accordance with GDC SO Administrative Segregation for		Housing Assignment – Juvenile Offender
III.	Juvenile offender's rebut Director of Field Operations (tal: (within 3 business days submit to the as	ssigned counselor who will forward to the
		BY:	(COUNSELOR)
IV.	Review of Appeal I concur / disagree with the Restrictive Housing Assignment – Juvenile Offender Administrative Segregation Classification Committee / Warden's Action. The following decision(s) has/have been made in this case.		
	Director of Field Operation Date	ons / Designee's Signature	
	Copies: Offender		
		OR RESTRICTIVE HOUSING ASSIGNM	
Juvenil	le Offender's Name:	L.D. #:	_
I ackno	owledge receipt of this appeal from the abo	ve juvenile offender.	
Date: _		Counselor's Signature:	

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