

**ADMINISTRATIVE SEGREGATION
Assignment Appeal Form**

I. Offender: _____ **GDC #:** _____ **Date:** _____

II. Administrative Segregation:

In accordance with SOP 209.06, Administrative Segregation, an assignment to Administrative Segregation was made based upon the following:

III. Offender's rebuttal: (within 3 business days after the 96-hour hearing, submit to the Counselor, who will forward to the Warden/Superintendent).

DATE APPEAL RECEIVED: _____ **BY:** _____

IV. Review of Appeal

I ☐ concur / ☐ disagree with the Classification Committee's Action. The following decision(s) has/have been made in this case.

- A.** _____ **Remain in Administrative Segregation**
B. _____ **Return to Appropriate Housing Unit**

Warden/Superintendent Signature

Date

Copies: Offender Offender file

OFFENDER RECEIPT FOR ADMINISTRATIVE SEGREGATION

OFFENDER'S NAME: _____ **I.D. #:** _____

I ACKNOWLEDGE RECEIPT OF THIS APPEAL FROM THE ABOVE OFFENDER.

DATE: ____/____/____ **COUNSELOR'S SIGNATURE:** _____

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