

**Special Management Unit: Tier III Program  
Assignment Memo**

**I. Offender:** \_\_\_\_\_ **GDC #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**II. Date and Time of 48-Hour Notice:** \_\_\_\_\_  
*(as listed on Attachment 1) Date/Time*

**III. Date and Time 48-Hour Hearing Held:** \_\_\_\_\_  
*(must be 48-hours after Notice Date/Time above) Date/Time*

**IV. Offender Oral Statement at the 48-Hour Hearing:**

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**V. Did Offender Present Documents:** Yes: \_\_\_\_ No: \_\_\_\_  
*(If Yes, attach to Attachment 2)*

**VI. Did Offender Provide Written Statement:** Yes: \_\_\_\_ No: \_\_\_\_  
*(If Yes, attach to Attachment 2)*

**VII. Did Offender Receive a Mental Health Evaluation:** Yes: \_\_\_\_ No: \_\_\_\_

**Date/Time of Mental Health Evaluation:** \_\_\_\_\_  
*Date/Time*

**Is the Offender suitable for placement in the Tier III Program:** Yes: \_\_\_\_ No: \_\_\_\_

**VIII. Tier III Program Classification Committee Assignment Recommendation:**

**In accordance with Tier III Program SOP, the Tier III Program Classification Committee recommends Approval/Disapproval of the Tier III Program Assignment Request for the following reasons:**

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**Classification Committee Chair Approval/Disapproval:** \_\_\_\_\_  
*Signature/Date*

**IX. SMU Warden Approval/Disapproval:** \_\_\_\_\_  
(Complete within 7 calendar days) *Signature/Date*

**X. North Regional Director Approval/Disapproval:** \_\_\_\_\_  
(Complete within 7 calendar days) *Signature/Date*

**XI. Service of Assignment Decision and Appeal Form:**

**Offender advised of Assignment to Tier III Program. Offender provided a copy of Tier III Program Assignment Memo (Attachment 2); and Tier III Program Assignment Appeal Form (Attachment 3):**

**Date Served:** \_\_\_\_\_

**Appeal Form Due:** \_\_\_\_\_  
(14 calendar days from date of service)

**Counselor:** \_\_\_\_\_

**Offender Acknowledgment of Service:** \_\_\_\_\_  
*Offender Signature*