

Special Management Unit: Tier III Program 90-Day Review Hearing Form

Current Date: _____

Date of Initial Assignment to Tier III: _____

Current Phase and Date Assigned: _____

Date of 90-Day Mental Health Review: _____

Mandatory Release Date (MRD): _____

Within 12-months/6-Months of Release: ___ YES or ___ NO

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

II. Reason for Assignment to the Special Management Unit: Tier III Program:

III. Behavior at the SMU, including involvement in self-improvement activities and progress on Offender Management Plan:

IV. Potential Risk for harm to the offender, other offenders, staff, volunteers, contractors, or the public, if the offender is released from the Tier III Program:

V. Offender within 12-months or 6-months of MRD consideration:

VI. Initial Recommendation of the Special Management Unit: Tier III Program Classification Committee:

VII. 48-Hr Notice of Hearing (Date/Time): _____

VIII. Offender's Acknowledgement of Service: _____



IX. Date/Time 48-Hr Hearing Held: _____
(must be 48-hours after Notice Date/Time above)

X. Offender's Demeanor with Staff during Review:

XI. Offender's Oral Statement at the 48-Hour Hearing:

XII. Did Offender Present Documents: Yes: ____ No: ____
(If Yes, attach to Attachment 4)

XIII. Did Offender Provide Written Statement: Yes: ____ No: ____
(If Yes, attach to Attachment 4)

XIV. Final Recommendation of the Special Management Unit: Tier III Program Classification Committee:

The above-named offender has been informed that a 90-Day Review was conducted with the following recommendation given for his/her assignment:

- Remain in Current Phase
- Move to the Next Phase
- Return to Lower Phase
- Release/Transfer to Tier III STEP Program** **(Forward to Deputy Director, Field Operations Only**)**

Chief of Security: _____	Date: _____
MH Staff: _____	Date: _____
GP Counselor: _____	Date: _____
DW Security/Date (Chairman): _____	Date: _____

XV. SMU Warden's (or designee) Review: _____ Date Received: _____

I concur / disagree with the Special Management Unit: Tier III Program Classification Committee's Recommendation and the following recommendation(s) has/have been made in this case:

SMU Warden (or designee)

Date

****Forward to Deputy Director, Field Operations (or designee) if recommended for release to Tier III STEP Program****

Date Review Sent to Deputy Director, Field Operations (or designee): _____
(Send within 10 business days of receipt from Superintendent)

XVI. Deputy Director, Field Operations Review (or designee) Date Received: _____

I **concur** / **disagree** with the Special Management Unit: Tier III Program Classification Committee's Recommendation and the following recommendation(s) has/have been made in this case:

Deputy Director, Field Operations (or designee)
(Send within 10 business days of receipt from Warden)

Date

****Forward to Director, Field Operations if recommendation for release to Tier III STEP Program is Denied****

XVII. Director, Field Operations Review Date Received: _____

I **concur** / **disagree** with the Special Management Unit: Tier III Program Classification Committee's Recommendation and the following decision(s) has/have been made in this case:

Director, Field Operations

Date

XVIII. Offender's Acknowledgment of Final 90-Day Review Hearing Decision

Signature/Date