

**Tier II Segregated Transition Education Program (Tier II STEP) 90 Day Review Hearing Form**

**Current Date:** \_\_\_\_\_

**Date of Initial Assignment to Tier II STEP:** \_\_\_\_\_

**Mandatory Release Date (MRD):** \_\_\_\_\_

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

**II. Hearing Date:** \_\_\_\_\_ **Hearing Time:** \_\_\_\_\_

**Tentative Recommendation of the Tier II STEP Classification Committee:**

\_\_\_\_\_  
\_\_\_\_\_

**III. Offender's rebuttal:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IV. TIER II STEP Classification Committee Final Recommendation:**

\_\_\_\_\_  
\_\_\_\_\_

**A. The above offender has been informed that a 90 Day Review was conducted with the following recommendation for his or her Assignment:**

**B. Recommendation:** ☐ Remain in Tier II STEP for another \_\_\_\_\_ days  
☐ Return to General Population

\_\_\_\_\_  
**DW Security/Date**

\_\_\_\_\_  
**Unit Manager/Date**

\_\_\_\_\_  
**MH Counselor/Date**

\_\_\_\_\_  
**GP Counselor/Date**

**V. Warden's Review or Designee:**

**Date Received:** \_\_\_\_\_

**I** ☐ **concur** / ☐ **disagree** with the Tier II STEP Classification Committee's Recommendation and the following recommendation(s) has been made in this case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Warden**

\_\_\_\_\_  
**Date**

**Date Review Sent to Director, Field Operations:** \_\_\_\_\_  
(Send within 7 calendar days of receipt of Appeal)

**VI. Director of Field Operations Review:**

**Date Review Received:** \_\_\_\_\_  
(Review must be done within 7 Calendar Days of receipt)

I ☐ **concur** / ☐ **disagree** with the Tier II STEP Classification Committee's Recommendation and the following recommendation(s) has been made in this case:

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\_\_\_\_\_  
**Director, Field Operations**

\_\_\_\_\_  
**Date**

**VII. Offender's Acknowledgment of Final 90 Day Review Decision**

\_\_\_\_\_  
*Signature/Date*