

**Special Management Unit – Tier III Segregated Transition Education Program (Tier III STEP)  
30 Day Review Hearing Form**

- Date \_\_\_\_\_
- I. Offender: \_\_\_\_\_ GDC #: \_\_\_\_\_
- II. Tier III STEP Classification Committee observations noted during the previous 30-day period:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- III. Date Classification Committee observations served on offender: \_\_\_\_\_  
(must be served 48-hours prior to hearing)
- IV. Hearing Date: \_\_\_\_\_ Hearing Time: \_\_\_\_\_
- V. Offender's rebuttal: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- VI. Tier III STEP Classification Committee Recommendation:

The above offender has been informed that a 30-Day Review was conducted with the following recommendation for his or her Assignment:

Recommendation:     ☐ On Track to exit Program w/in 90 days  
                                 ☐ Not making adequate progress, may not be ready to exit w/in 90 days

\_\_\_\_\_  
DW Security/Date                      Unit Manager/Date                      MH Member/Date                      GP Counselor/Date

**VII. Warden/Designee Review:**

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Warden/Designee Signature

\_\_\_\_\_  
Date

**VIII. Offender's Acknowledgment of 30-Day Review Hearing**

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