

SMU Segregated Transition Education Program (STEP) Unit 90 Day Review Hearing Form

Current Date: _____

Date of Initial Assignment to Tier III STEP: _____

Mandatory Release Date (MRD): _____

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

II. Hearing Date: _____ **Hearing Time:** _____

Tentative Recommendation of the Tier III STEP Classification Committee:

III. Offender's rebuttal: _____

IV. TIER III 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 SMU 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 III 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 III STEP Classification Committee's Recommendation and the following recommendation(s) has been made in this case:

Director, Field Operations

Date

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

Signature/Date