

Special Management Unit: Tier III Program Over 2-Years Quarterly Review Hearing Form

Current Date: _____

Date of Initial Assignment to Tier III: _____

Current Phase and Date Assigned: _____

Date of last 60/90-Day Mental Health Evaluation: _____

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. Meets Criteria for Tier III Program Assignment Over 24-Months (check all that apply):**
- #1 - Committed Murder while Incarcerated.
 - #2 - Escaped or attempted escape from a secure correctional facility or law enforcement custody.
 - #3 - Caused Serious Bodily Injury to an offender, staff, contractor, or volunteer.
 - #4 - Taken offender, staff, contractor, or volunteer hostage.
 - #5 - Crime so egregious offender placed in Tier III Program upon entering GDC custody.
 - #6 - Due to unique position of influence and authority over others, poses exceptional, credible, and articulable risk to the safe operation of the prison system or to the public, that no facility other than the Tier III Program is sufficient to contain the risk.

IV. In accordance with the Special Management Unit: Tier III Program SOP, the following were considered as part of the offender's Over 2-Years Quarterly Review:

a. Length of time in Current Phase: _____

b. Length of time assigned to Tier III Program: _____

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

d. 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:

e. **Number, type, and frequency of disciplinary reports:**

f. **Offender within 12-Months or 6-Months of MRD Consideration:**

V. **Offender’s Oral Statement at the Over 2-Years Quarterly Review:**

VI. **Did Offender Present Documents: Yes: ____ No: ____**
(If Yes, attach to Attachment 12)

VII. **Did Offender Provide Written Statement: Yes: ____ No: ____**
(If Yes, attach to Attachment 12)

VIII. **Over 2-Years Quarterly Review Panel Member Observations:**

a. **Director, Facility Operations (or designee):** _____

b. **Medical Director (or designee):** _____

c. **MH Director (or designee):** _____

d. **Legal Services:** _____

IX. The above-named offender has been given an Over 2-Years Quarterly Review 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**

Director, Facility Operations (or designee): _____ **Date:** _____

Medical Director (or designee): _____ **Date:** _____

MH Director (or designee): _____ **Date:** _____

Legal Services: _____ **Date:** _____

X. Offender’s Acknowledgment of Over 2-Years Quarterly Review Panel Recommendation:

Offender Signature

Date

XI. Commissioner or Assistant Commissioner Review Date Received: _____

I **concur** / **disagree** with the Over 2-Years Quarterly Review Panel Recommendation and the following decision(s) has/have been made in this case:

Commissioner or Assistant Commissioner

Date

XII. Offender’s Acknowledgment of Final Over 2-Years Quarterly Review Decision:

Offender Signature

Date