

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 - Escape outside secure fencing of facility
 - #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, Fac Ops (or designee):** _____

b. **Med 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, Fac Ops (or designee): _____ **Date:** _____
Med 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**