**ADMINISTRATIVE SEGREGATION REVIEW**

Name DOC number Facility Date

### Initial assignment date:       [ ]  Special Housing Intake [ ]  Initial [ ]  Intermediate [ ]  Final

|  |
| --- |
| **RECOMMENDATIONS** |

[ ]  Release from Segregation

[ ]  Release from Segregation and place on special housing assignment protections/mental health

[ ]  Continue Segregation and schedule next review

|  |
| --- |
| **REASONS TO CONTINUE BEYOND 72 HOURS** |

[ ]  Threat to others [ ]  Threat to self [ ]  Threat to security [ ]  Threat to orderliness of facility

[ ]  Other (specify below)

Be as specific as possible, to include:

1. Reasons/incident(s) leading to Segregation placement (e.g., infractions, behavioral incidents, observation report, incident reports, past administrative segregation placements)
2. Reasons to continue placement, and 3) reasons to release placement

Reason for placement:

Information presented by incarcerated individual:

Information presented by others including witnesses and/or confidential information:

Adjustment and Individual Behavioral Management Plan (IBMP):

Was individual present at hearing (if no, why?):

Recommendation and justification:

[ ]  Modify decision to:

[ ]  Individual requires monitoring for medication [ ]  Individual requires special diet

Employee completing form Signature Date

[ ]  Approve [ ]  Deny

Superintendent/designee Signature Date

Reason for denial/modify decision to:

Individual in segregation Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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