Department of Corrections
WASHINGTON STATE

SEGREGATION AUTHORIZATION

Name	DOC number
Facility	Date/time placed in Segregation / ☐ a.m. ☐ p.m.

SECTION I

Reason for placement:

☐ Threat to others/self/security ☐ Self-request ☐ Infraction submitted

☐ Summary of confidential information

☐ Other (explain): _____

Special Instructions:

☐ Special diet ☐ Medications (list prescriptions): _____

☐ Other (explain): _____

_____ _____ _____
Requesting employee Date Authorizing Lieutenant/Correctional Unit Supervisor

_____ _____ _____
Reviewed/approved by Superintendent/designee Date Escorting employee

SECTION II

Next action due by: _____

Notification of initial review: _____ _____ ☐ a.m. ☐ p.m.

☐ Served DOC 05-797 Ad Seg Review Notice/Appearance Waiver

_____ _____
Incarcerated individual signature Date

_____ _____ _____
Employee serving notice Signature Date

Individual refused to sign

_____ _____ _____
Witness 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.

Distribution: **ORIGINAL** - Imaging file/Central file
COPY - Hearings Office, Segregation Unit Supervisor, Superintendent, Incarcerated individual