

ADMINISTRATIVE SEGREGATION HEARING FORM

Institution: _____ Staff: _____ Date: _____

Prisoner Name: _____ Prisoner Number: _____ DOB: _____

Central Monitoring: Yes No Administrative Segregation Type: Admission OR Review

Sentenced: Yes No Custody: _____ Scheduled Release Date: _____

Case Number(s): _____ Charge(s) _____

Date/Time Placed in AdSeg: _____ @ _____ Reason for AdSeg: _____

COMMITTEE'S RECOMMENDATION:

- 1. Return to General Population
- 2. Remain in Administrative Segregation

Next Review Date: _____

REASON'S FOR RECOMMENDATION TO REMAIN IN ADMINISTRATIVE SEGREGATION:

- 1. Has not been classified since initial admission to the facility, or has not yet had a physical examination under 22AAC05.120(b);
- 2. Is incapacitated;
- 3. Is suffering or suspected of suffering from a communicable disease;
- 4. Medical/Health Recommendation;
- 5. Requests in writing to be placed in segregation, and there exists a valid reason;
- 6. Is detained on a non-criminal hold;
- 7. Is being held as a material witness;
- 8. Presents a substantial and immediate threat to the security of the facility or public safety;
- 9. Requires protective custody;
- 10. Requires the most restrictive housing based on behavior which represents a severe threat to the safety and security of the facility (Administrative Segregation Maximum).

COMMITTEE'S FINDINGS WHICH JUSTIFY THE ABOVE ACTION(S):

INMATE'S STATEMENT:

RECOMMENDATIONS REGARDING ACCESS TO PROGRAMS:

Yes	No	Justification for Restrictions / Additional Information
<input type="checkbox"/>	<input type="checkbox"/>	Communal Meals
<input type="checkbox"/>	<input type="checkbox"/>	Indoor Recreation (Gym)
<input type="checkbox"/>	<input type="checkbox"/>	Outside Recreation (Yard)
<input type="checkbox"/>	<input type="checkbox"/>	Law Library
<input type="checkbox"/>	<input type="checkbox"/>	Visitation
<input type="checkbox"/>	<input type="checkbox"/>	Phone
<input type="checkbox"/>	<input type="checkbox"/>	Programs (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	Other:

SIGNATURES:

Chair Person / Hearing Officer Signature _____
Committee Member Signature _____
Committee Member Signature

Approved Disapproved _____

Superintendent's Signature _____
Date

Comments: _____

Copy Received: _____

Prisoner's Signature _____
Date