## **Administrative Segregation Admission**

Prisoner Name:			OTIS#	DOB:		
Date:	Time:	Insti	tution:			
Circumstances Resulting in Placement in Administrative Segregation: 22AAC 05.485 (a) ( )						
ADDITIONAL INFORMATION:						
Prisoner verbally informed of reason for segregation? Yes No I If NO, why not?						
Shift Supervisor (print name)		Signature				

SUPERINTENDENT'S REVIEW: Must take place within one working day after admission to segregation.

I have reviewed this case and it is my decision that the prisoner is to be returned to the general population at this time.

I have reviewed this case and it is my decision that the prisoner remain in segregation for these reasons:

While in segregation status this prisoner may continue to participate in regular activities unless restricted below:			
Y	Ν	Justification for Restricting	
		Communal Meals	
		Gym	
		Outside Recreation	
		Law Library	
		Visitation	
		Phone	
		Program (which)	
		Day Room	
		Other	

This prisoner must appear before the Classification Committee within three working days of placement into Segregation and every 30 days thereafter as long as the prisoner remains in segregation.

Superintendent's Signature

Date

*Copy delivered to prisoner (date & time)* 

Distribution: Original to Case File Copy to Classification Committee Copy to Standards Officer Copy to Probation Officer Copy to Assistant Superintendent Copy to Prisoner By Officer (printed name and signature)