

**60 DAY CENTRAL OFFICE REVIEW FORM**

Name of Inmate: \_\_\_\_\_ DOB: \_\_\_\_\_

PID#: \_\_\_\_\_

Date Segregated: \_\_\_\_\_

Findings of Fact by Superintendent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERINTENDENT’S DECISION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Superintendent’s Signature*

\_\_\_\_\_  
Date

**CENTRAL OFFICE DECISION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Director of Facility Operations, Date*

\_\_\_\_\_  
*Deputy Commissioner, Date*

*Distribution: Director of Facility Operations*