

## NOTICE OF REVIEW

**PART I: Facility:** \_\_\_\_\_

**Inmate Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **PID #:** \_\_\_\_\_

This is to inform you of the review of your Administrative Segregation status. You have the right to submit a written statement relative to the facts of your case, as well as any comments around your conditions of confinement, and to be present at the review on the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) \_\_\_\_\_ (year) at approximately \_\_\_\_\_ hours.

*I wish to be present at the review: Yes \_\_\_\_\_ No \_\_\_\_\_*

*I have received a copy of the above statement, read and understand it.*

\_\_\_\_\_

*(Inmate Signature)*

*(DOC Staff Signature)*

Date/Time: \_\_\_\_\_

Review Committee Names: \_\_\_\_\_

\_\_\_\_\_

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### **PART II:**

#### **Findings of Fact:**

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\_\_\_\_\_

\_\_\_\_\_

Determination:  *Continue Ad Seg Placement Phase I*

*Move to Phase II*

*Continue Phase II*

*Remove from Ad Seg Placement*

\_\_\_\_\_

*Signature of Committee Head*

*Date*

*Inmate Signature – Received Results*