

**Minnesota Department of Corrections**  
**ADMINISTRATIVE SEGREGATION ORDER**  
**AND 24-HOUR REVIEW**

Incarcerated Person's Name:

OID:

Placement Date:

Facility: Select A Facility

Time of Placement:

Type of placement:

- a. The incarcerated person requires protection from other incarcerated people.
- b. The incarcerated person requires separation for medical or mental health reasons.
- c. The incarcerated person is under investigation for possible disciplinary or criminal charges, or:
  - \* Investigation for trial on a criminal act. (\*Warden written approval required within 7 business days.)
  - The incarcerated person is believed to have committed severity level 4 or 5 rule violations.
- d. The incarcerated person is posing a threat to themselves, others, or to the security of the facility.
  - The incarcerated person is being held pending decision on Restrictive Housing Step-Down Management Program placement (Policy 301.088).
- e. The incarcerated person is being held for another authority or \*pending transfer. (\*Warden written approval required within 7 business days.)

Comment:

- Health Services notified
- Mental Health Services notified

**Authorized signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title: \_\_\_\_\_

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**Administrative 24-hour review:**

Action taken:       Continued       Released       Placed on Pre-hearing Detention.

Comment:

\*\* Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title: \_\_\_\_\_

\*\* Must be a facility supervisor not involved in initial placement and of higher authority.

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**\* Warden written authority for placement under section c or e, above:**

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title: \_\_\_\_\_