

Minnesota Department of Corrections
PRE-HEARING DETENTION ORDER & REVIEW

Incarcerated Person's Name: _____ OID: _____

Placement Date: _____ Facility: Select A Facility _____

Time of placement: _____

Type of placement:

- ☐ a. The alleged violation presents a risk to the security or orderly operation of the facility.
- ☐ b. The alleged violation presents a risk to the safety of staff or other incarcerated people.
- ☐ c. The incarcerated person poses a credible risk of compromising a disciplinary investigation.

Description of behavior: _____

- ☐ Health Services notified
- ☐ Mental Health Services notified

Authorized signature: _____ Date: _____

Printed Name: _____ Title: _____

Pre-Hearing Detention 24-hour review:

Action taken: ☐ Continued ☐ Released

Comment:

* Authorized signature: _____ Date: _____

Printed Name: _____ Title: _____

* Must be a facility supervisor or higher authority who was not involved in the initial placement.