

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: _____

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.

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

Authorized signature: _____ Date: _____ Time: _____

Printed Name _____ Title: _____