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.