

**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.