

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:** _____