

AUG 11

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate's Name	Register No.	Unit	Institution
Date Entered Special Housing	Reason for Placement		
I. Subject: (2 or 3 day)		Date Reviewed	
Action Taken on the Above Date: <input type="checkbox"/> Release from Special Housing <input type="checkbox"/> Continue in Special Housing			
Printed Name/Signature			

II. RECORD REVIEW To be done weekly in the inmate's absence, beginning after the in-person 7-day review, and continuing every week between each in-person 30 day review.

<u>Date</u>	<u>Action Taken (Cross-out one):</u>	<u>REMARKS</u>	<u>SIGNATURE</u>
1.	Release/Continue-Special Housing		
2.	Release/Continue-Special Housing		
3.	Release/Continue-Special Housing		
4.	Release/Continue-Special Housing		

III. Subject: (7 or 30 day)	Review by: SRO	Reviewing Authority
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Date inmate appeared for a special housing review:

or date inmate waived right to appear:

Has been seen daily by Medical Staff:  yes;  no - (reason)Has been seen daily by responsible officer designated by Warden:  yes;  no (reason)Has received prescribed weekly exercise:  yes;  no (reason)Proper documentation and justification in the Central File (Incident Report, DHO Report, copies of Special Housing review form):  yes;  no If no, why not?Is there a written psychiatric or psychological assessment on the inmate who has spent 30 days in a special housing status?  Yes;  No; Is there an additional assessment for every one month interval thereafter?  Yes;  No; If no, why not?Action taken on the above date by the Segregation Review Official or the Reviewing Authority:  
 Release from Special Housing;  Continue in Special HousingDid inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding at each 30 day review?  yes;  no  
If no, why not (should be given provided institutional security not compromised)?

Remarks: (Any change in the reason for placement is to be noted in this section. If the reason for placement changes, the inmate must receive a copy of this form)

Date of Next Review:

Printed Name and Signature of Segregation Review Official or the Reviewing Authority and Date Signed

Record Copy - Central File