

CATEGORY I MANAGEMENT INTEREST GROUP WEEKLY REVIEW

Inmate's Name	Reg. No.	Unit	Institution
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Date Entered Category I MIG Status	Reason for Placement
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I. Subject: (MIG ASSIGNMENT, example Mgt Int 155)	Date
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Action Taken on the Above Date: Release from Special Housing
 Continue in Special Housing

Printed Name/Signature (Committee Chair/CEO)

II. RECORD REVIEW to be done weekly in the inmate's absence, beginning 7 days from initial arrival, and continuing every week between.

<u>Date</u>	<u>Action Taken</u>	<u>REMARKS</u>	<u>SIGNATURE</u>
1.	<input type="checkbox"/> Release <input type="checkbox"/> Continue-Special Housing		
2.	<input type="checkbox"/> Release <input type="checkbox"/> Continue-Special Housing		
3.	<input type="checkbox"/> Release <input type="checkbox"/> Continue-Special Housing		
4.	<input type="checkbox"/> Release <input type="checkbox"/> Continue-Special Housing		

III. Subject: (7 day)	Review by Committee Chairperson (Printed Name & Signature)
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Date of review:

or date inmate was released preceding new review date:

Has been seen daily by Medical Staff: Yes No - (reason)

Comments (note any Treatment)

Has been seen daily by responsible officer designated by Warden: Yes No (reason)

Has received prescribed weekly exercise: Yes No (reason)

Has any Attorney (as reported by the inmate): Yes No (reason)

Proper documentation and justification in the Central Office File (Information from arresting/detaining agency):
 Yes No If no, why not?

Comments or information will be filed in inmate's record

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, why not?

Note any local information that may impact the inmate's placement in Category I. Based on this, should the inmate's status in Category I be reviewed by the region or central office. Yes No; If no, why not?

Did inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding (provide to inmate monthly)? 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)

Record Copy - Central File

Date of Next Review:

Additional Comments

Printed Name and Signature of Committee Chairperson
(Associate Warden or designee)

Date

Printed Name and Signature of Review Authority
(Warden or designee)

Date