

**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)

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

Record Copy - Central File