

Review and Notification of Case Management Action

Name: _____ SID: _____ Date: _____ HU: _____

Section I: Review

Be advised that you are scheduled for (below listed action) review on _____.
Please be prepared to discuss any matters related to your security level, parole status, job/program availability, education/vocational opportunities, substance abuse programs, etc.

- | | |
|---|---|
| <input type="checkbox"/> Security | <input type="checkbox"/> Parole Hearing |
| <input type="checkbox"/> Administrative Segregation | <input type="checkbox"/> Job/Program |
| <input type="checkbox"/> Disciplinary Segregation | <input type="checkbox"/> Release |
| <input type="checkbox"/> Protective Custody | <input type="checkbox"/> Other _____ |

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Section II: Notification of Case Management Action

On _____ case management recommended/approved the following:

Comments: _____

On review, the warden/designee approved disapproved the recommendation.

Rationale:

Sent to inmate by: _____ Date: _____

Distribution:

- Original — Inmate
- Copy — Inmate Record