

Security Review Form

Note to user: This form should only be used if Dots Portal version is unavailable to the user for an extended period of time.

Offender Name:		Number:		Current Prison:	
Age:	Present Security Level:	STG Level:	MH Level:	Diploma or GED:	
Release Date:		Expected Release Date:			

48-Hour Notice Section:

Incarcerated Person Waives 48-hours notice: Yes No

Classification Conference Date: _____

Classification Conference Time: _____

Place: _____

Comments:

Incarcerated Person's Signature:	Date:
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Staff Signature:	Date:
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Section B

Annual Special Review

Section B1 – Annual Adjustment

Please list any pro-social behavior or programming the incarcerated person has completed within the past 12 months that the committee will consider during this review:

No pro-social behavior or programming in last 12 months

Notes:

Section B2 – Inmate Adjustment in Past Two Years/ Other Behavioral Considerations

List RIB Rule Violations in the past year.

Date of Offense	Case Number	Rules Violated

The committee should take into consideration IP Age, SGT level, any prison violence in past 2 years, Job or Vocational Training, Recovery Service Programming, and overall programing in the past 2 years and if they have their GED or high school diploma when making a decision on security level.

Section B3 – Hearing Committee’s Recommendation

Did the incarcerated person make a written or verbal statement: Yes No

Please summarize the incarcerated person's verbal and written statements and upload all written attachments or supporting documents below:

Current Security Level at time of review: _____

Classification Recommendation: _____

Committee notes and rationale:

List all Committee member names and titles:

Chairperson Signature:	Date:
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Incarcerated Person requested appeal: Yes No

Incarcerated Person advised of committee recommendation and of the related appeal process:

Signature:	Date:
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Section C – Warden or Designee Action Section

Wardens Decision: Approve Disapprove

Warden's Rationale:

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Warden's Final Placement: _____

Warden's Signature:	Date:
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BOCR Action

Bureau of Classification Action: Approve Disapprove

Final Security Level: _____

BOCR Rationale:

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BOCR Signature:	Date:
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