

**Oregon Department of Corrections
REQUEST FOR ADMINISTRATIVE HOUSING**

Inmate: _____ SID # _____ Housing: _____

ADMINISTRATIVE HOLD (Inmate may be housed on administrative hold status for up to 30 days)

Date of Placement: _____ Date of Release: _____

Reason for Hold: _____

ADMINISTRATIVE HOUSING (Placement for longer than 30 days)

Involuntary Placement

Administrative Hearing required. Hearing shall be conducted within 30 days of administrative hold placement.

Staff Request for Administrative Housing (Involuntary Administrative Segregation or Involuntary Protective Custody)

I believe that this inmate is in need of Administrative Segregation or Protective Custody and no other reasonable alternative exists at this time because:

Staff Signature: _____ Title: _____ Date: _____

Voluntary Placement

Inmate Request for Administrative Housing (Protective Custody)

I, the above inmate, hereby request to be placed in Administrative Housing for the purpose of Protective Custody.

Inmate Signature: _____ Date: _____

REASON FOR ASSIGNMENT (include investigation and supporting documentation as attachments) :

ALTERNATIVES TO ADMINISTRATIVE HOUSING (i.e. transfer to another facility at a later date):

Reviewed by: Officer - in - Charge

Date of interview

Approved by: Assistant Supt. Security/ISM

Date/time of placement

I recommend the placement of the above named inmate on Administrative Housing status after having determined such placement is warranted and no reasonable alternative to such placement is available.

Recommended Placement Length: _____

I do not recommend the placement of the above named inmate on Administrative Housing status after having determined such placement is not warranted or a reasonable alternative exists.

Functional Unit Manager/Designee

Date

Distribution: Superintendent Asst. Supt. Security/ISM Correctional Counselor Inmate File Hearings