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

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☐ 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: ____________________

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☐ 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

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