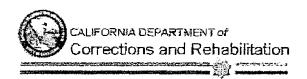
REPEAL



ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE

INSTITUTION NAM	E	INMATE'S NAME			CDC NUMBER		
REASON(S) FOR PLACEMENT (PART A)							
PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS							
DEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY							
ENDANGERS IN	ENDANGERS INSTITUTION SECURITY RETAINED IN ASU AS NO BED AVAILABLE IN GENERAL POPULATION						
DESCRIPTION OF C	IRCUMSTANCES	S WHICH SUPPORT THE REASON	(S) FOR	PLACEMENT:			
IF CONFIDENTI	AL INFORMATIO	ON USED, DATE INFORMATION D	ISCLOS	ED:			
DATE OF ASU		REGATION AUTHORITY'S PRINTE		SIGNATURE			
PLACEMENT	NAME		- James Service	- SIGNATIONE	0		
- Andrew Company					Ì		
DATE NOTICE SERVED	TIME SERVED	PRINTED NAME OF STAFF SERVASU PLACEMENT NOTICE	VING	SIGNATURE		STAFFS TITLÉ	

INMATE REFUSED TO SIGN: INMATE SIGNATURE CDC NUMBER							
You were identified with a disability of: Hearing Vision Speech Learning Disability TABE under 4.0 / no TABE Developmental Disability CCCMS EOP							
Foreign Language Speaking							
Method We thought the reiterated in his own words, what was explained							
provided appropriate, substantive responses to questions asked							
asked appropriate questions regarding the information provided							
did not appear to understand the communication, even though the primary method of communication was used							
Cother Other							

Assistance Provided Line Use of Full Page Magnifier
Read aloud Documents to Case Case Case Case Case Case Case Case
Sign Language Interpreter
Lip Reading (spoke facing the inmate)
Written Notes
Language Interpreter
Simple English spoken slowly and clearly
was wearing his/her hearing aid(s)
13 stated he did not need any assistance for Effective Communication
Gave additional time
Rephrased sentence
Tother Control of the
<u>Provider</u>
Name; Title:

ADMINISTRATIVE REVIEW (PART B) The following to be completed during the administrative review by Captain or higher on the first working day following placement							
STAFF ASSISTANT (SA)			INVESTIGATIVE EMPLOYEE (IE)				
IS THIS INMATE:					7		
LITERATE?	YES	E NO	ASU IS FOR DISCIPLINARY REASONS	L XES	I NO		
PLUENT IN ENGLISH?	T YES		EVIDENCE COLLECTION BY IE IS UNNECESSARY	YES			
ABLE TO COMPREHEND ISSUES?	YES	T NO	INMATE DECLINED ANY IE	T YES			
FREE OF MHSDS NEEDS?	T YES	I NO	DECLINED FIRST IE ASSIGNED	LAE	Andrew Street, St. Company		
DECLINED FIRST STAFF ASSISTANT ASSIGNED?	L JES						
Any "NO" requires SA assignment	NOT ASSIGNED		Any "NO" may require IE assignment	NOT ASSIGNED			
STAFF ASSISTANT'S NAME	TITLE		INVESTIGATIVE EMPLOYEE'S NAME	TITLE			

INMATE WAIVERS	*x	
INMATE WAIVES RIGHT	TO 72 HOURS PREPARATION TIME	
INMATE WAIVES OR DEC	LINES INTERVIEW WITH ADMINISTRATIVE REVIEWER	

•		CDC NUMBER		DATE	
We find the second seco	WITNESS	REQUESTED FOR ICC HEARING			
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC	O NUMBER	
WITNESS' NAME TITLE/CDC NUMBER WITNESS' NAME TITLE/CDC NUMBER					
DECISION RELEASE TO UNIT/FACILITY RETAIN PENDING ICC REVIE DOUBLE CELL SINGLE CELL PENDING ICC					
REASON FOR DECISION:			T		
You were identified with a di	sability of:				
Hearing Vision Speech Learning Disability: TABE under 4.0 / no TABE Developmental Disability CCCMS EO Foreign Language Speaking Method Telterated in his own words, what was explained					
		ntive responses to questions asked			
,	askeo appropriate questions	regarding the information provided			
,		regarding the information provided the communication, even though the	e primary method of cor	mmunicatior	
Other. Assistance Provided Use of Full Page Magnifier	did not appear to understand		e primary method of cor	mmunication	
Other. Assistance Provided	did not appear to understand		e primary method of cor	mmunication	
Other. Assistance Provided Use of Full Page Magnifier Read aloud Documents to	did not appear to understand		e primary method of cor	mmunicatio	

Gave additional time Rephrased sentence Other	e for Effective Communication	
Provider Name: Title:		
	7	
CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (If necessary - same date of review)	CO-SIGNATURE	DATE OF REVIEW

CDCR SOMS ISST180 - Administrative Segregation Unit Placement Notice