



# REPEAL

## ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE

INSTITUTION NAME ██████████	INMATE'S NAME ██████████	CDC NUMBER ██████████
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**REASON(S) FOR PLACEMENT (PART A)**

- PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
- JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
- ENDANGERS INSTITUTION SECURITY     RETAINED IN ASU AS NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

██  
 ██  
 ██

IF CONFIDENTIAL INFORMATION USED, DATE INFORMATION DISCLOSED:

DATE OF ASU PLACEMENT ██████████	SEGREGATION AUTHORITY'S PRINTED NAME ██████████	SIGNATURE ██████████	TITLE ██████████
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DATE NOTICE SERVED ██████████	TIME SERVED	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE	SIGNATURE ██████████	STAFF'S TITLE
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<input type="checkbox"/> INMATE REFUSED TO SIGN	INMATE SIGNATURE	CDC NUMBER ██████████
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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

- ██████████ 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
- Other

Assistance Provided

Use of Full Page Magnifier

Read aloud Documents to [REDACTED]

Sign Language Interpreter

Lip Reading (spoke facing the inmate)

Written Notes

Language Interpreter

Simple English spoken slowly and clearly

[REDACTED] was wearing his/her hearing aid(s)

[REDACTED] stated he did not need any assistance for Effective Communication

Gave additional time

Rephrased sentence

Other

Provider

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:

LITERATE?  YES  NO

ASU IS FOR DISCIPLINARY REASONS  YES  NO

FLUENT IN ENGLISH?  YES  NO

EVIDENCE COLLECTION BY IE IS UNNECESSARY  YES  NO

ABLE TO COMPREHEND ISSUES?  YES  NO

INMATE DECLINED ANY IE  YES  NO

FREE OF MHSDS NEEDS?  YES  NO

DECLINED FIRST IE ASSIGNED  YES

DECLINED FIRST STAFF ASSISTANT ASSIGNED?  YES

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

INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME

INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER

NO WITNESSES REQUESTED BY INMATE

INMATE SIGNATURE	CDC NUMBER [REDACTED]	DATE
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**WITNESS REQUESTED FOR ICC HEARING**

WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER

**DECISION**

RELEASE TO UNIT/FACILITY

RETAIN PENDING ICC REVIEW

DOUBLE CELL

SINGLE CELL PENDING ICC

REASON FOR DECISION:

ADMINISTRATIVE REVIEWER'S PRINTED NAME	TITLE	ADMINISTRATIVE REVIEWER'S SIGNATURE	REVIEW DATE	TIME
		[REDACTED]		

**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

[REDACTED] reiterated in his own words, what was explained

[REDACTED] provided appropriate, substantive responses to questions asked

[REDACTED] asked appropriate questions regarding the information provided

[REDACTED] did not appear to understand the communication, even though the primary method of communication was used

Other

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Rephrased sentence

Other

Provider

Name: Title:

CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (If necessary - same date of review)	CO-SIGNATURE          	DATE OF REVIEW
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CDCR SOMS ISST180 - Administrative Segregation Unit Placement Notice