

Protective Custody Review

Section I Protective Custody Review

Date _____ Facility _____

Name _____ ODOC Number _____ Race _____ Gender _____

(Check One) _____ Three Day _____ Seven Day _____ Thirty Day _____ Ninety Day

Initial reasons for placement: _____

Current reasons for continued placement: _____

Recommendation and reason: _____

Section II Reassessment of Protective Measures Need

_____ 1. I, _____ request removal from protective custody for the
Initials following reasons: (Be specific)

_____ 2. I understand that I may be transferred from my current facility to any correctional facility of
Initials equal or higher security.

Recommendation and reason: _____

Section III

_____ Accepted Copy Refused to accept copy
Inmate Signature/ODOC #

Case Manager

Unit Manager

Reviewer's Signature and Title

Date

Comments:

