Form 2170 (4/16)
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As Needed

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

SIXTY-DAY ADMINISTRATIVE SEGREGATION REVIEW

Directed Central Office Review?

☐ Yes
☐ No

Ref.: 7 NYCRR 301.4(d)

_____ Correctional Facility

Name: _____ DIN: _____ Review Date: _____

Date placed in administrative segregation: _____ Date hearing held: _____

A. Summary report of the facility three-member committee:

Reasons why inmate was initially determined to be appropriate for administrative segregation: _____

_____

_____

_____

_____

Information on the inmate's subsequent behavior and attitude: _____

_____

_____

_____

Other factors which may favor retaining in or releasing the inmate from administrative segregation: _____

_____

_____

_____	_____	_____	_____
Offender Rehabilitation Coordinator	Security Supervisor	Committee Chairperson	Date

If Central Office review has not been directed, skip to C. below for Superintendent's decision.

B. Summary report and recommendation of the Central Office three-member committee: _____

_____

_____

_____

_____

_____

_____	_____	_____	_____
Staff-Special Investigations	Staff-Counsel	Chairman-Facility Operations	Date

C. Decision of the (Superintendent) (Deputy Commissioner for Correctional Facilities):

☐ Release from administrative segregation. ☐ A determination has been made to continue your administrative segregation status for the following reasons:_____

_____

_____

_____

Prior to your next sixty-day review, you may write to the Superintendent or designee to make a statement regarding the need for continued administrative segregation. The reason(s) stated in this notice, any written statement that you submit, as well as your overall custodial adjustment will be considered during the next scheduled review.

_____ _____

(Superintendent) (Deputy Commissioner for Correctional Facilities) Date

Attach inmate's statement(s) and additional pages as necessary