

DATE LAST MODIFIED:		MODIFIED BY:	
----------------------------	--	---------------------	--

Name <i>(Last, First, MI)</i>		Sex (m/f/o):	Prisoner#:		Age:
--------------------------------------	--	---------------------	-------------------	--	-------------

Religion:

Ethnicity:

What happened that facilitated your placement? Provide a brief description and timeline of the event/s surrounding your departure to segregation.

Does your version of the reason for placement into segregation differ from the Department's reasons for placement into segregation?

How long have you been in segregation?

Were you given written notice before being placed in segregation?

Have you ever been diagnosed with a mental illness?

If so, what mental illness?

Where did you receive the diagnosis?

Please list any known medications that you have taken in the past or that you are currently taking.

If you have experienced any problems with mental health, have you kited to see the psychologist? If so, were you denied or did you see the psychologist?

If you have been seen by a psychologist, was the visit helpful or not?

How often are you provided with a psychological evaluation?

What does that evaluation/assessment entail (how long is it; how thorough is it; who conducts it, is it private, etc)?

Incarceration History

Prison Facility/Unit:

Type of conviction/s:

Length of Sentence:

Time Served:

Time spent in Long-term Segregation.
List the number of times you have been in segregation and for how long.

How was the decision made to place you in long-term segregation?

Were you given a hearing?

Did you appeal the decision?

Was the investigation leading up to the departure to segregation a state police led or led by the Department of Corrections?

If you were given a hearing/appeal, please describe the process. Please include relevant dates and times.

Does your case have any other paperwork regarding the decision to place you in segregation? Can you provide us with any of this documentation?

CONDITIONS

Are you allowed to interact with other prisoners?

Where, and how?

**Do you get visits? How often are you allowed visitors?
What are the conditions of your visit?**

Are you ever strip-searched?

For what reasons are you strip-searched? How often are you strip-searched?

Is your cell ever searched?

Under what circumstances?

How many hours of recreation time do you get?

Please describe the area where you have rec time.

**How often are you allowed to shower?
Are you observed when you shower? If so, does an officer of the opposite sex ever observe your shower?**

Please describe the shower area and the way you are taken to the shower.

How many meals do you receive daily?

Where do you eat your meals?

Do you have access to books, TV, radio, or other forms of entertainment? Please describe.

Do you have access to your attorney in person?

Please describe the setting where you are allowed to meet with your attorney.

How often is your status in segregation reviewed? What does the review entail?

How often do you receive a personal interview? By whom?

Do you have access to the commissary?

How often are you permitted to make store orders?

What can't you get from the commissary list?

Do you receive medical care?

If yes, what medical conditions are you living with and what type of care do you receive?

Are your medications brought to you by medical staff?

Are you allowed to keep any of your medications in your cell? If so, which medications?

Do you have access to mental health care?

How frequently?

What type of mental health care do you receive?

Are you allowed to take classes or other programming?

Do you have TV classes?

If yes, what kind, and how available are they?

On a scale of 1 – 10, rate how safe you feel.

(1 = very unsafe; 10 = very safe)

What property are you allowed?

Are you on any restrictions?

(List type of restrictions with dates)

Please use the space below to describe any other details regarding the conditions of living in long-term segregation, or to further explain any of the above answers. (For example, size of your cell, are lights on or off (what times are lights on/off), what color is your cell is there noise, is there a window, do you clean your cell toilet/sink (if so, with what cleaners)etc.)

INCIDENTS

Please use this space to describe any incidents when you feel your rights have been denied or ignored. Be as specific as possible.

Date	Incident
------	----------

GRIEVANCES

Have you filed any grievances on the anything having to do with your life in segregation?

What happened?

Do you have any paperwork or documentation for the grievances you have filed?

In the space below, please describe in as much detail as possible, the processes you have used in order to file grievances.
(For example, what were the grievances about, who you filed them with, did you receive a response, etc.)

FUTURE PLANS/DREAMS –

Please use the following space to include your plans and dreams for after you return to general population or the free world.

ADDITIONAL INFORMATION –

Please use the following space to include any other important information regarding your placement in long-term segregation.

CASE NOTES:

CORRESPONDENCE: