

## Request For Protective Measures

\_\_\_\_\_  
Offender  
Initials

1. I, \_\_\_\_\_, request protective measures for the following reasons: (be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Offender  
Initials

2. The non-association process has been explained, and I request to remain separated from the following offender(s) due to the above stated circumstances. I understand that by initialing, the separation will expire automatically at the end of 12 months from the date of approval. I understand that it is my responsibility to request to re-file the separation prior to expiration, if required.

\_\_\_\_\_  
Name/DOC Number

\_\_\_\_\_  
Name/DOC Number

\_\_\_\_\_  
Offender  
Initials

3. I understand that I may be assigned to other general population housing at this facility.

\_\_\_\_\_  
Offender  
Initials

4. I understand that I may be transferred to a different correctional facility rather than be placed in a protective unit. I understand that such a transfer will be to a facility of equal or higher security than my current facility assignment.

\_\_\_\_\_  
Offender  
Initials

5. Due to the security requirements and the restrictive nature of protective custody units, personal grooming, hygiene and unit sanitation standards, and freedom of movement are more restrictive than general population.

I understand that the conditions of confinement on a protective custody unit are more restrictive, and I agree to abide by these conditions and all rules. I further understand that I may be assigned to a supervised work or self-improvement program while housed in protective custody and will not receive earned credits unless satisfactorily participating. I also understand that in some cases, because of security requirements, not all programs or work assignments may be available.

\_\_\_\_\_  
Offender  
Initials

6. I understand it is my responsibility to cooperate fully in the protective measures review process in order that the appropriate protective measure will be implemented. Failure to fully cooperate could hinder the review process, result in an inappropriate protective measure being implemented, and possibly result in my still being in danger. In such cases, I understand that I share the responsibility.

\_\_\_\_\_  
Offender  
Initials

7. I understand that disciplinary measures will be taken against me with sanctions, which may include restitution for transport or investigation time, if information is proven to be false relative to my own actions (e.g., gambling, borrowing, etc.).

\_\_\_\_\_  
Offender Signature/DOC Number

\_\_\_\_\_  
Staff Witness/Title

Offender placed in segregation

\_\_\_\_ Yes

\_\_\_\_ No

If no, why not? \_\_\_\_\_

Offender input considered in immediate placement decision

\_\_\_\_ Yes

\_\_\_\_ No

Facility Head must approve any non-implementation of protective measures.

\_\_\_\_\_  
Facility Head Signature

\_\_\_\_\_  
Date

DOC 060106A (R 4/14)