

ADMINISTRATIVE DETENTION ORDER

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

NEW YORK MCC
Institution

Date/Time: 07-16-2019 15:50

TO: Special Housing Unit Officer

FROM: [REDACTED], (Name/Title)

SUBJECT: Placement of [REDACTED], Reg. No. [REDACTED], in Administrative Detention

_____ (a) Is pending an investigation for a violation of Bureau regulations;

(b) Is pending an SIS investigation.

_____ (c) Is pending investigation or trial for a criminal act;

_____ (d) Is to be admitted to Administrative Detention

_____ (1) Since the inmate has requested admission for protection;

I hereby request placement in Administrative Detention for my own protection.

Inmate Signature/Register No.: _____

Staff Witness Printed Name Signature: _____

_____ (2) Since a serious threat exists to individual's safety as perceived by staff, although person has not requested admission; referral of the necessary information will be forwarded for an appropriate hearing by the SRO.

_____ (e) Is pending transfer or is in holdover status during transfer.

_____ (f) Is pending classification; or

_____ (g) Is terminating confinement in Disciplinary Segregation and has been ordered into Administrative Detention by the Warden's designee.

It is this Correctional Supervisor's decision based on all the circumstances that the above named inmate's continued presence in the general population poses a serious threat to life, property, self, staff, other inmates, or to the security or orderly running of the institution because*

PENDING SIS INVESTIGATION/ THREAT ASSESSMENT

Therefore, the above named inmate is to be placed in Administrative Detention until further notice. The inmate received a copy of this Order on

(date / time) _____

Staff Witness Signature/Printed Name [REDACTED] Date 7/16/19

Supervisor 24 hour review of placement: Signature/Printed name _____

* In the case of DHO action, reference to that order is sufficient. In other cases, the Correctional supervisor will make an independent review and decision, which is documented here.

Record Copy - Inmate Concerned (not necessary if placement is a result of holdover status); Copy - Captain; Copy - Unit Manager; Copy - Operation Supervisor - Administrative Detention Unit; Copy - Psychology; Copy - Central File

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REGNO: [REDACTED] REG
 NAME.: [REDACTED] FUNCTION: PRT DOB/AGE.: 03-10-1969 / 50
 RSP.: NYM-NEW YORK MCC R/S/ETH.: W/M/H WALSH: YES
 PHONE: [REDACTED] MILEAGE.: 11 MILES
 FAX: [REDACTED]
 PROJ REL METHOD: UNKNOWN FBI NO.: 88869JA1
 PROJ REL DATE.: UNKNOWN INS NO.:
 PAR ELIG DATE.: SSN.....: 108649131
 PAR HEAR DATE.: PSYCH: NO DETAINER: NO CMC.: YES

OFFN/CHG RMKS: TITLE: 21 USC: 846
 OFFN/CHG RMKS: TITLE: 21 USC: 841

FACL CATEGORY	- - - -	CURRENT ASSIGNMENT	- - - -	EFF DATE	TIME
NYM ADM-REL	A-PRE	PRE-SENT ADMIT, ADULT		08-01-2018	1718
NYM CALLOUTS	COURT SDNY	COURT USM SOUTHERN DISTRICT		07-16-2019	0731
NYM CARE LEVEL	CARE1-MH	CARE1-MENTAL HEALTH		09-12-2018	1343
NYM COR COUNSL	UNT 7S	VACANT		11-24-2018	1414
NYM CMC	SEPARATION	SEPARATION		11-23-2018	0955
NYM CASEWORKER	UNT 7	[REDACTED]		11-24-2018	1415
NYM CUSTODY	IN	IN CUSTODY		08-01-2018	1718
NYM DRUG PGMS	NR WAIT	NRES DRUG TMT WAITING		08-02-2018	1102
NYM EDUC INFO	GED UNK	GED STATUS UNKNOWN		08-01-2018	1718
NYM FIN RESP	UNASSG	FINANC RESP-UNASSIGNED		08-01-2018	1718
NYM LEVEL	UNASSG	UNASSIGNED		08-01-2018	1718
NYM MED DY ST	NOT MED CL	NOT MEDICALLY CLEARED		08-01-2018	1718
NYM PGM REVIEW	OCT	OCTOBER PROGRAM REVIEW		10-29-2019	1043
NYM QUARTERS	G12-792L	HOUSE G/RANGE 12/BED 792L		11-23-2018	1001
NYM RELIGION	UNKNOWN	RELIGION UNKNOWN		08-01-2018	1718
NYM SECOND RSP	54N	USM NYS 54N NEW YORK, NY		08-01-2018	1718
NYM UNIT	7	UNT MGR. R. PROTO EXT 6393		08-04-2018	1050
NYM WAITNG LST	CIM COMP	CIM PACKET COMPLETE		03-07-2019	1110
NYM WRK DETAIL	UNASSG	UNASSIGNED WORK DETAIL		08-01-2018	1718

G0000 TRANSACTION SUCCESSFULLY COMPLETED

NYMHJ 535.01

07-16-2019

PAGE 001 OF 001 *

INMATE LOAD DATA

*

15:48:27

REG NO: [REDACTED] NAME: [REDACTED]

RSP OF: NYM-NEW YORK MCC

DOB(AGE): 03-10-1969(50)

RACE....: WHITE

FBI NO..: 88869JA1

SEX.....: MALE

INS NO..:

ETHNIC..: HISPANIC

SSN.....: [REDACTED]

HEIGHT..: 5 06

DNA.....: NYM06201

WEIGHT..: 180

HAIR....: BLACK

EYES....: BROWN

CITIZENSHIP....:

CMC.....: YES

BIRTH PLACE....: NEW YORK

MILEAGE.: 11 MILES

LEGAL RESIDENCE: [REDACTED]
BRONX, NEW YORK 10460

G0005

TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

NYMG5	*	INMATE DISCIPLINE DATA	*	07-16-2019
PAGE 001 OF 001	*	CHRONOLOGICAL DISCIPLINARY RECORD	*	23:36:10

REGISTER NO: [REDACTED] NAME...: [REDACTED]
 FUNCTION...: DIS FORMAT: CHRONO LIMIT TO [] MOS PRIOR TO 07-16-2019
 RSP OF: NYM-NEW YORK MCC

G5401 DISCIPLINE DATA DOES NOT EXIST FOR THIS INMATE

NYMG5	*	INMATE DISCIPLINE DATA	*	07-16-2019
PAGE 001 OF 001	*	PENDING REPORTS	*	23:36:32

REGISTER NO: [REDACTED] NAME...: [REDACTED]
 FUNCTION...: DIS FORMAT: PENDING LIMIT TO [] MOS PRIOR TO 07-16-2019
 RSP OF: NYM-NEW YORK MCC

G5401 DISCIPLINE DATA DOES NOT EXIST FOR THIS INMATE

**Bureau of Prisons
Psychology Services
SHU Review**

SENSITIVE BUT UNCLASSIFIED

Inmate Name: [REDACTED]	Sex: M	Facility NYM	Reg #: [REDACTED]
Date of Birth: 03/10/1969	Provider: [REDACTED]		Unit Team: 7
Date: 07/18/2019 07:19			
Placed in SHU: 07/16/2019	Type:		SHU
Status: ADMIN.DETENTION	Threat to Self:		Low
Basis of Review: Inmate was interviewed	Adjustment:		Satisfactory, segregation not detrimental
Mental Status: No significant mental health issues.	Threat to Others:		Low

Comments

Monthly SHU Review Note

Note: This SHU review is a brief evaluation of this inmate's current mental status in SHU. Although an inmate may exhibit adequate adjustment to his SHU confinement and a lack of acute distress at this current time, it does not preclude the fact s/he may suffer from a psychological disorder requiring additional psychological services. This SHU review is also not a risk assessment of an inmate's potential for violent behaviors. Rather, it is an assessment of whether the inmate exhibits any aggressive or violent behaviors at the time of the SHU review.

Subjective/Objective data: Inmate displayed no evidence of depression or suicidality and appeared to be adequately adjusting to SHU placement. This adjustment was determined by clinical presentation, his self report and Unit personnel statements.

Assessment/Plan: Inmate is currently psychologically stable. He has been instructed to contact Psychology Department staff for support should he request, or be in need of mental health services. Unit staff are aware of the referral process. Inmate will be seen on an as needed basis or monthly for SHU reviews.

Completed by [REDACTED] PhD/Chief Psychologist on 07/18/2019 12:26

SPECIAL HOUSING UNIT REVIEW

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Inmate Name: ██████████	Register Number: ██████████	Unit: 7	Institution: NEW YORK MCC
Date Entered Special Housing: 07-16-2019	Reason for Placement: PENDING SIS INVESTIGATION/ THREAT ASSESSMENT		
I. Subject: (2 or 3 Days) 3 Day Review	Date Reviewed 07-19-2019		
Action Taken on the Above Date: Continue in Special Housing Unit			
Printed Name/Signature: ██████████			

II. RECORD REVIEW.
(To be done weekly in the inmate's absence, beginning after the in-person 7 day review, and continuing every week between each in-person 30 day review.)

DATE	ACTION TAKEN	REMARKS	SIGNATURE

III. Subject: (7 or 30 Days)	Review By (SRO):	Reviewing Authority:
------------------------------	------------------	----------------------

Date inmate appeared for a Special Housing Review:	Or Date inmate waived right to appear:
--	--

Has been seen daily by Medical Staff: Yes; No

Has been seen daily by responsible officer designated by Warden: Yes; No

Has received prescribed weekly exercise: Yes; No

Proper documentation and justification in the Central File (Incident Report, DHO Report, copies of Special Housing Review Form): Yes; No
if no, why not?

Is there a written psychiatric or psychological assessment on the inmate who has spent 30 days in a special housing status? Yes; No

Is there an additional assessment for every one month interval thereafter? Yes; No
if no, why not?

Action taken on the above date by the Segregation Review Official or the Reviewing Authority:
 Released from Special Housing; Continue in Special Housing

Did inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding at each 30 day review? Yes; No
if no, why not (Should be given provided institutional security not compromised)?

Remarks: (Any change in the reason for placement is to be noted in this section. If the reason for placement changes, the inmate must receive a copy of this form):

Date of Next Review:
07-23-2019

Printed Name and Signature of Segregation Review Official or the Reviewing Authority and Date Signed:
██████████

Record Copy - Central File This form replaces BP-295(52) dated January 1988

SPECIAL HOUSING UNIT REVIEW

Inmate Name: [REDACTED]	Register Number: [REDACTED]	Unit: 7	Institution: NEW YORK MCC
Date Entered Special Housing: 07-16-2019		Reason for Placement: PENDING SIS INVESTIGATION/ THREAT ASSESSMENT	
I. Subject: (2 or 3 Days) 3 Day Review		Date Reviewed 07-19-2019	
Action Taken on the Above Date: Continue in Special Housing Unit			
Printed Name/Signature: [REDACTED]			

II. RECORD REVIEW.
(To be done weekly in the inmate's absence, beginning after the in-person 7 day review, and continuing every week between each in-person 30 day review.)

DATE	ACTION TAKEN	REMARKS	SIGNATURE
07-23-2019	Continue in Special Housing Unit		[REDACTED]

III. Subject: (7 or 30 Days) 7 Day Review	Review By (SRO): [REDACTED]	Reviewing Authority:
Date inmate appeared for a Special Housing Review: 07-23-2019		Or Date inmate waived right to appear:
Has been seen daily by Medical Staff: <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No		
Has been seen daily by responsible officer designated by Warden: <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No		
Has received prescribed weekly exercise: <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No		
Proper documentation and justification in the Central File (Incident Report, DHO Report, copies of Special Housing Review Form): <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No if no, why not?		
Is there a written psychiatric or psychological assessment on the inmate who has spent 30 days in a special housing status? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No		
Is there an additional assessment for every one month interval thereafter? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No if no, why not?		
Action taken on the above date by the Segregation Review Official or the Reviewing Authority: <input type="checkbox"/> Released from Special Housing; <input checked="" type="checkbox"/> Continue in Special Housing		
Did inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding at each 30 day review? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No if no, why not (Should be given provided institutional security not compromised)?		

Remarks: (Any change in the reason for placement is to be noted in this section. If the reason for placement changes, the inmate must receive a copy of this form):

Date of Next Review:
07-30-2019

Printed Name and Signature of Segregation Review Official or the Reviewing Authority and Date Signed:

[REDACTED] 

Record Copy - Central File

This form replaces BP-295(52) dated January 1988

SPECIAL HOUSING UNIT REVIEW

Inmate Name: ██████████	Register Number: 85993-054	Unit: 7	Institution: NEW YORK MCC
Date Entered Special Housing: 07-16-2019	Reason for Placement: PENDING SIS INVESTIGATION/ THREAT ASSESSMENT/COURTS SAY INMATE FELT THREATEN ON UNIT.		
I. Subject: (2 or 3 Days) 3 Day Review	Date Reviewed 07-19-2019		
Action Taken on the Above Date: Continue in Special Housing Unit			
Printed Name/Signature: ██████████			

II. RECORD REVIEW.
(To be done weekly in the inmate's absence, beginning after the in-person 7 day review, and continuing every week between each in-person 30 day review.)

DATE	ACTION TAKEN	REMARKS	SIGNATURE
07-23-2019	Continue in Special Housing Unit		██████████
07-30-2019	Continue in Special Housing Unit		██████████
08-06-2019	Continue in Special Housing Unit		██████████

III. Subject: (7 or 30 Days) 7 Day Review	Review By (SRO): ██████████	Reviewing Authority:
--	--------------------------------	----------------------

Date inmate appeared for a Special Housing Review: 07-23-2019	Or Date inmate waived right to appear:
--	--

Has been seen daily by Medical Staff: Yes; No

Has been seen daily by responsible officer designated by Warden: Yes; No

Has received prescribed weekly exercise: Yes; No

Proper documentation and justification in the Central File (Incident Report, DHO Report, copies of Special Housing Review Form): Yes; No
if no, why not?

Is there a written psychiatric or psychological assessment on the inmate who has spent 30 days in a special housing status? Yes; No

Is there an additional assessment for every one month interval thereafter? Yes; No
if no, why not?

Action taken on the above date by the Segregation Review Official or the Reviewing Authority:
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Did inmate in Administrative Detention receive a written copy of staff's decision and the basis for the finding at each 30 day review? Yes; No
if no, why not (Should be given provided institutional security not compromised)?

Remarks: (Any change in the reason for placement is to be noted in this section. If the reason for placement changes, the inmate must receive a copy of this form):

Date of Next Review:
08-13-2019

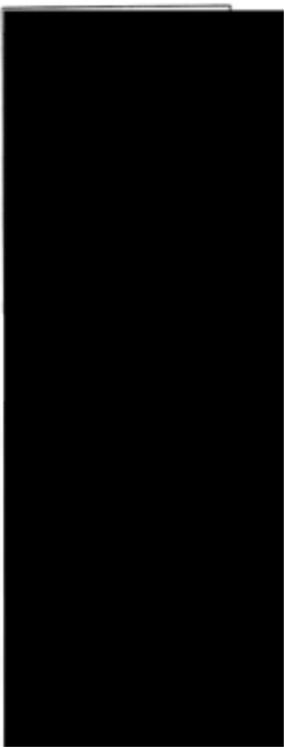
Printed Name and Signature of Segregation Review Official or the Reviewing Authority and Date Signed:
██████████

Last Name
[REDACTED]
First Name
[REDACTED]
Middle Name Suffix

Height Weight
5'06'' 180

Hair
BLACK
Regno
[REDACTED]

Eye
BROWN
Facility
NYM



Last Name
[REDACTED]
First Name
[REDACTED]
Middle Name Suffix

Height Weight
5'06'' 180

Hair
BLACK
Regno
[REDACTED]

Eye
BROWN
Facility
NYM



Last Name
[REDACTED]
First Name
[REDACTED]
Middle Name Suffix

Height Weight
5'06'' 180

Hair
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Eye
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First Name
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Middle Name Suffix

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First Name
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Middle Name Suffix

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Hair
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Regno
[REDACTED]

Eye
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Facility
NYM

