Florida Department of Corrections Report of Administrative Management Unit (AMU)

DC#: Inmate Name:		Facility:	
I. Classification Officer Recommendation):		
		Initial Assignment to AMU:	
		Last Review of AMU Placement:	
Recommendations:			
Reasons:			
Comments:			
Name:	Signature:	Date:	
II. Inmate Notice of AMU Review			
You are hereby notified that you shall re	ceive a review by the Ins	titutional Classification Team (ICT) no earlier	than 48-hours
from the time this notice is delivered. You	are permitted to submit	t information to the ICT verbally or in writing r	egarding:
Notice delivered by:	Date:	at	
III. Institutional Classification Team Hear	ing Action:		
Date: at		Facility:	
1. 48-hours elapsed since inmate notice	delivered:	(If "No", was section A of Form DC6-265D complete	ed)
2. Inmate present:		(If "No", was section B of Form DC6-265D complete	ed)
3. Staff assistance requested or assigned	:	(If assigned, name of staff:)	
			<u> </u>
4. Chairperson name:		7. Chairperson name:	
ICT member name:		ICT member name:	
ICT member name:		ICT member name:	
5. Hearing postponed: (if "Yes",	state reason:)	O Internal Status	
5. Hearing postponed	,	8. Internal Status:	
6. Reconvene date:			
Inmate Present:	_		
(if "No", was section B of Form DC6-265D comple	eted:)		
	·		
Recommendation:			
Basis for Recommendation:			
Chairperson Signature/ Date:	ICT Member Signati	ure/ Date: ICT Member Signat	ure/ Date:
IV. State Classification Office Decision:			
Date: at		Facility:	
SCO Name:		<u></u>	
1. Inmate Interviewed:			
2. Internal Status:			
Decision:			
Basis for AMU Decision:			
SCO Signature		Date	