

  
**Florida Department of Corrections**  
**Report of Close Management**

**DC#:** \_\_\_\_\_ **Inmate Name:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

**I. Classification Officer Recommendation:**

\_\_\_\_\_

Close Management Status Level: \_\_\_\_\_ Initial Assignment to CM: \_\_\_\_\_

Date Assigned to Current CM Level: \_\_\_\_\_ Last Review of CM Placement: \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

**Reasons:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**II. Inmate Notice of Close Management Review**

You are hereby notified that you shall receive a review by the Institutional Classification Team (ICT) no earlier than 48-hours from the time this notice is delivered. You are permitted to submit information to the ICT verbally or in writing regarding:

\_\_\_\_\_

**Notice delivered by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **at** \_\_\_\_\_

**III. Institutional Classification Team Hearing Action:**

**Date:** \_\_\_\_\_ **at** \_\_\_\_\_ **Facility:** \_\_\_\_\_

\_\_\_\_\_

**1. 48-hours elapsed since inmate notice delivered:** \_\_\_\_\_ *(If "No", was section A of Form DC6-265 completed)*

**2. Inmate present:** \_\_\_\_\_ *(If "No", was section B of Form DC6-265 completed)*

**3. Staff assistance requested or assigned:** \_\_\_\_\_ *(If assigned, name of staff:)* \_\_\_\_\_

**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:)* \_\_\_\_\_

\_\_\_\_\_ **8. Internal Status:** \_\_\_\_\_

**6. Reconvene date:** \_\_\_\_\_

**Inmate Present:** \_\_\_\_\_

*(if "No", was section B of Form DC6-265 completed:)* \_\_\_\_\_

**9. Yes-Reviewed & considered CM Referral Assessment (DC6-128) dated:** \_\_\_\_\_

**No-Not Initial CM Placement**

**10. Yes-Reviewed & considered BRA (DC4-729) results dated:** \_\_\_\_\_

**No-Initial CM Placement**

**11. Yes-Reviewed & considered Mental Health Assessments (DC4-528) dated:** \_\_\_\_\_

**No-Initial CM Placement**

**12. Yes-Reviewed inmate's disciplinary confinement status (DC status>60 days)**

**No-Inmate not in DC or DC status<60 days**

**Action Recommended:**

**CM:** \_\_\_\_\_ **DC:** \_\_\_\_\_

\_\_\_\_\_

**Basis for CM recommendation and if applicable continuation or removal from disciplinary confinement status:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Chairperson Signature/ Date:** \_\_\_\_\_ **ICT Member Signature/ Date:** \_\_\_\_\_ **ICT Member Signature/ Date:** \_\_\_\_\_

\_\_\_\_\_

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Florida Department of Corrections  
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**IV. State Classification Office Decision**

Date: \_\_\_\_\_ at \_\_\_\_\_ Facility: \_\_\_\_\_

SCO Name: \_\_\_\_\_

1. Inmate Interviewed: \_\_\_\_\_

2. Internal Status: \_\_\_\_\_

Decision: CM: \_\_\_\_\_

DC: \_\_\_\_\_

3. Yes-Reviewed & considered CM Referral Assessment (DC6-128) dated: \_\_\_\_\_  
No-Not Initial CM Placement

4. Yes-Reviewed & considered BRA (DC4-729) results dated: \_\_\_\_\_  
No-Initial CM Placement

5. Yes-Reviewed & considered Mental Health Assessments (DC4-528) dated: \_\_\_\_\_  
No-Initial CM Placement

6. Yes-Reviewed inmate's disciplinary confinement status (DC status>60 days)  
No-Inmate not in DC or DC status<60 days

Basis for CM and if applicable disciplinary confinement status decision:

\_\_\_\_\_  
SCO Signature

\_\_\_\_\_  
Date