

Exhibit E

EXHIBIT-E

MICHIGAN DEPARTMENT OF CORRECTIONS
MISCONDUCT SANCTION ASSESSMENT

CSJ-331
 REV. 10/10

Prisoner Number 266147	Prisoner Name Finley	Facility MBP	Date Requested 9-12-16
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This form is to be completed by a QMHP or special education teacher within 3 business days after receipt of a CSJ-330 "Misconduct Sanction Screening Form". Information provided will be used to assist in determining appropriate sanctions to be imposed if the prisoner is found guilty of major misconduct. Sanctions which may be imposed include loss of privileges, toplock, and detention.

Does the prisoner have either a mental disability or receive special education services?

No Yes

**TO BE COMPLETED ONLY
 IF PRISONER HAS A MENTAL DISABILITY OR IS RECEIVING SPECIAL EDUCATION SERVICES**

Describe nature of mental disability and/or mental limitations.

Prisoner is on the mental health caseload.

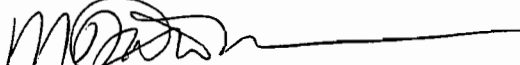
Would the prisoner's mental disability and/or mental limitations have had any affect on the conduct alleged in the misconduct received by the prisoner?

No Yes (if yes Explain fully)

If the prisoner is found guilty of this misconduct, would his/her mental health be affected by any of the available misconduct sanctions that may be imposed?

No Yes (if yes Explain fully and provide sanction recommendations)

Prolonged segregation placement is likely to deteriorate his mental health status.

Staff Person's Name (Print) M. Salmi	Staff Person's Signature 	Date 9/12/2016
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