MAINE DEPARTMENT OF CORRECTIONS
PRISONER REQUEST FOR PRIVILEGE LEVEL ADVANCEMENT
All prisoner requests for privilege level advancement shall be forwarded to the case manager.

Prisoner Name: ___________________________________________ MDOC#: __________________

Housing Unit: ____________________ Work Assignment: __________________

Current privilege level and length of time on that level: __________________

List of program enrollment:
1. ___________________________ 2. ___________________________
3. ___________________________ 4. ___________________________
5. ___________________________ 6. ___________________________

Are you in compliance with your case plan?
☐ Yes
☐ No (explain)

Explain progress toward compliance with your case plan: __________________

________________________________

Have you remained free of formal or informal discipline? If not, please explain. __________________

________________________________

Explain treatment goals you are working toward and describe your progress in meeting them:

________________________________

Describe your efforts toward pro-social behavior: __________________

________________________________

Other information you would like considered: __________________

________________________________

Date ____________ Signature of Prisoner

DECISION OF UNIT MANAGEMENT TEAM: ☐ LEVEL ADVANCEMENT APPROVED
☐ LEVEL ADVANCEMENT DENIED

☐ If applicable, decision of Unit Manager to override approval of level advancement by Unit Management Team.

If level advancement denied by Unit Team or Unit Manager, date prisoner may reapply:

______________________________

If level advancement denied by Unit Team or Unit Manager, steps prisoner must take to advance in level:

______________________________

Date ____________ Printed Name of Unit Manager, or designee __________________

Signature of Unit Manager, or designee __________________