

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