

**MAINE DEPARTMENT OF CORRECTIONS**

**SUPERVISED COMMUNITY CONFINEMENT APPLICATION**

Prisoner's Name: \_\_\_\_\_ MDOC No.: \_\_\_\_\_

Facility/Housing Unit: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLAN**

**PROPOSED RESIDENCE**

Address of Proposed Residence: \_\_\_\_\_

Telephone Number of Proposed Residence: \_\_\_\_\_

Names of All Others Living in the Proposed Residence:

Name	Relation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**PROPOSED EMPLOYMENT/EDUCATION**

Name of Employer/School: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**PROPOSED TREATMENT PROGRAM**

Name of Program: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**OTHER RELEVANT INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Case Manager: \_\_\_\_\_

Prisoner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chief Administrative Officer, or designee: \_\_\_\_\_ Date: \_\_\_\_\_

Approval  Disapproval