

MAINE DEPARTMENT OF CORRECTIONS

**REQUEST FOR INVESTIGATION FOR TRANSFER OF PRISONER TO SUPERVISED
COMMUNITY CONFINEMENT**

TO: Regional Correctional Administrator, Region _____

Attached is a completed Supervised Community Confinement Application (Attachment A), a signed Authorization for Disclosure of Information for the Purpose of Investigation by the Department of Corrections (Attachment B), and the other documents as noted on the facility SCCP checklist.

Name of Prisoner

MDOC Number

has been reviewed, is eligible and is recommended for transfer to Supervised Community Confinement under supervision of the Department of Corrections Adult Community Corrections Region _____.

Signature of Chief Administrative Officer, or designee

Date

Assigned to Probation Officer _____ for investigation.

_____ Recommended: Forwarded to Regional Correctional Administrator.

_____ Not Recommended: Forwarded to Regional Correctional Administrator.

Signature of Probation Officer

Date

Send this completed form, with the report of the investigating Probation Officer, to the Regional Correctional Administrator, or designee.

_____ Recommended

_____ Recommended with additional conditions or comments:

_____ Not Recommended & Reason(s)

Signature of Regional Correctional Administrator, or designee

Date

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Send this completed form to the Chief Administrative Officer of the facility where prisoner is housed.

____ Approved

_____ Denied

If the prisoner is approved for supervised community confinement, upon the transfer of the prisoner to the supervised community confinement program, this completed form shall be filed in the prisoner's Classification folder and forwarded to the Adult Community Corrections Regional Office where he/she has been transferred. A copy shall be forwarded to the Department's Director of Classification.

If the prisoner is not approved for supervised community confinement, this completed form shall be filed in the prisoner's Classification folder and the prisoner shall be notified of the denial.

Signature of Regional Correctional Administrator, or designee

Date

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SUPERVISED COMMUNITY CONFINEMENT PACKET FACILITY CHECKLIST

SCCP documents forwarded to RCA, or designee, for assignment for investigation

- Request for Investigation for Transfer to SCCP
- SCCP Placement Application
- Authorization for the Disclosure of Information for the Purpose of Investigation by the Maine Department of Corrections
- Personal Narrative of Prisoner (optional)
- Judgment and Commitment Papers, including conditions of probation (if applicable)
- Electronic records check
- Copy of notifications sent to DAs and law enforcement agencies
- List of completed and/or current programs (or entered in CORIS in “program enrollment”)
- Description of any significant disabilities or medical issues that could affect placement and/or programs
- Letter from sponsor (optional)
- List of Community Contacts – (optional)
- Letters of support/personal references – (optional)