

**MAINE DEPARTMENT OF CORRECTIONS
SUPERVISED COMMUNITY CONFINEMENT PROGRAM REVIEW**

Name of Resident

MDOC Number

FROM: Unit Team, Facility _____

TO: Regional Correctional Administrator, or designee, Region: _____

Attached is a completed SCCP packet (Supervised Community Confinement Program Plan, a signed Authorization for Disclosure of Information for the Purpose of Community Review, Agreement for Warrantless Searches, and Waiver of Extradition), and, if applicable, written explanation sent to the resident regarding suggested modifications to the SCCP Plan or facility programs or services suggested for the resident.

The resident is eligible for transfer to Supervised Community Confinement and is

☐ Recommended for Transfer

☐ Not Recommended for Transfer (specify reasons):

Signature of Chief Administrative Officer, or designee

Date

Assigned to Probation Officer _____ for review and report

FROM: Regional Correctional Administrator, or designee, Region: _____

TO: Chief Administrative Officer, or designee, Facility _____

Attached is a completed SCCP packet, Supervised Community Confinement Program Community Report, and, if applicable, written explanation sent to the resident regarding suggested modifications to the SCCP Plan or additional conditions suggested for the resident.

The resident is still eligible for transfer to Supervised Community Confinement and is:

☐ Recommended for Transfer

☐ Not Recommended for Transfer (specify reasons):

Signature of Regional Correctional Administrator, or designee

Date

**MAINE DEPARTMENT OF CORRECTIONS
SUPERVISED COMMUNITY CONFINEMENT PROGRAM REVIEW**

FROM: Chief Administrative Officer, or designee, Facility _____

TO: Department's Director of Classification, or designee

Attached is a completed SCCP packet, Supervised Community Confinement Program Community Report, and, if applicable, written explanation sent to the resident regarding suggested modifications to the SCCP Plan, facility programs or services suggested for the resident, or additional conditions suggested for the resident.

The resident is still eligible for transfer to Supervised Community Confinement and is:

- ☐ Recommended for Transfer
☐ Not Recommended for Transfer (specify reasons):

Signature of Chief Administrative Officer, or designee

Date

The resident is still eligible for transfer to Supervised Community Confinement and is:

- ☐ Approved for Transfer (specify required modifications to SCCP Plan and/or required additional conditions):

- ☐ Not Approved for Transfer (specify reasons):

Signature of Director of Classification, or designee

Date