

MAINE DEPARTMENT OF CORRECTIONS

**NOTIFICATION OF CONSIDERATION FOR PRISONER TRANSFER TO SUPERVISED
COMMUNITY CONFINEMENT**

To: _____

Prosecuting Attorney's Office: _____

District Attorney's Office (proposed residence): _____

Sheriff's Department: _____

Police Department: _____

Department of Public Safety: _____

FROM: _____, Chief Administrative Officer

Address

Telephone Number

The below-named prisoner is being considered for transfer to the Department of Corrections Supervised Community Confinement Program.

Prisoner's Name

MDOC #

CRIME(S) / SENTENCE(S)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Proposed Address

Telephone Number

Transfer Eligibility Date: _____

Please provide any comments/objections concerning this consideration, in writing, to the Chief Administrative Officer at the above address.