

**MAINE DEPARTMENT OF CORRECTIONS
NOTIFICATION OF PROPOSED RESIDENT TRANSFER TO SUPERVISED COMMUNITY
CONFINEMENT**

TO:

- Prosecuting Attorney's Office:** _____
- District Attorney's Office (proposed housing):** _____
- Sheriff's Department (proposed housing):** _____
- Police Department (proposed housing), if any:** _____
- Department of Public Safety:** _____

FROM: _____, Chief Administrative Officer

Address

Telephone Number

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

Resident's Name

MDOC #

CRIME(S)/SENTENCE(S)

Proposed Address

Transfer Eligibility Date: _____

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