

MAINE DEPARTMENT OF CORRECTIONS

**NOTICE OF CHANGE(S) IN CONDITION(S) OF
SUPERVISED COMMUNITY CONFINEMENT**

To: _____

Date: _____

MDOC Number: _____

On _____, you or your Probation Officer _____ requested that the following change(s) be made to the Condition(s) of your Supervised Community Confinement: _____.

If the above request came from the Probation Officer, the above change(s) was (were) provisionally made to your Supervised Community Confinement on the date of the Probation Officer's request and is (are) in effect until removed. Violation of change(s) in conditions may result in your being returned to a Department of Corrections facility as a Supervised Community Confinement Program violator.

The requested change(s) shall be reviewed by the Regional Correctional Administrator, or designee, who shall determine whether to approve or deny the request.

You have the right to appeal the change(s) by submitting your reasons, in writing, within five (5) working days to the Probation Officer, who will forward it to the Regional Correctional Administrator, or designee.

I hereby acknowledge that I understand the change(s) in my conditions and my right to appeal the change(s),

Signed: _____ Date: _____
(Prisoner)

Signed: _____ Date: _____
(Probation Officer)

_____ The change(s) as stated on this form is (are) approved and made permanent.

_____ The change(s) as stated on this form is (are) denied or removed.

Signature of Regional Correctional Administrator, or Designee

Date

- Copy to Prisoner
- Copy to Probation Officer
- Copy to Prisoner's file in Regional Office