

**MAINE DEPARTMENT OF CORRECTIONS  
NOTIFICATION OF 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 transferred to the Department of Corrections Supervised Community Confinement Program.**

\_\_\_\_\_  
**Resident's Name**

\_\_\_\_\_  
**MDOC #**

**CRIME(S) / SENTENCE(S)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Address**

**Transfer Date:** \_\_\_\_\_