MAINE DEPARTMENT OF CORRECTIONS
SUPERVISED COMMUNITY CONFINEMENT PROGRAM COMMUNITY REPORT

To: , RCA, or designee Region: Date: 
From: , Probation Officer
Resident Name: MDOC #: 

1. Review of Police Reports: Yes □ No □

2. Community Sentiment:
   Include any sentiment from the prosecuting attorney’s office, DA for district of proposed housing, other law enforcement agencies (sheriff for county of proposed housing, police chief of the municipality, if any, of the proposed housing, Department of Public Safety), neighbors of proposed housing, and others. If no responses, document attempts made to obtain their sentiment:

3. Background check on persons known to be living in proposed housing:
   Results of check:

4. Victim Statement:
   Any statement made by the victim to the Director of Victim Services, or designee, or probation officer unless the victim's opinion is not available. Yes □ No □
   If yes,

5. Proposed Housing:
   Provide a brief description of the proposed housing:
   Review of calls for service to the proposed housing: Yes □ No □
   Is the proposed housing suitable?
   No firearms, dangerous weapons, alcohol, nonprescription marijuana, unlawful drugs in the residence
   Prescription medications, including marijuana, secured (lock box, safe, locked room)
   Location for resident to sleep
   Physical building is safe
   Resident has been approved to live in the housing by manager of housing
   Yes □ No □ If no, explain:
   Do others living in the proposed housing understand the rules of SCC? Yes □ No □
   Is the housing close to any victim, including a victim’s housing, place of employment, or education institution being attended? Yes □ No □
   Was an Agreement for Warrantless Searches signed, if applicable? Yes □ No □

6. Proposed Employment, Education/Vocational Training, and/or Treatment Program:
   Is the proposal appropriate? Yes □ No □
   If no, explain:

7. Support systems and resources in the community:
   Description:
8. **Transportation:**
   Are there any significant transportation issues/needs? Yes ☐ No ☐
   If yes, describe:
   Vehicle information (registered, insured, inspected), if applicable:
   Driver license information, if applicable:

9. **Interview with Resident:**
   Provide a brief description of the resident's attitude, release plan, amenability to treatment, any red flags:

   __________________________________________________________
   Signature of Probation Officer