

**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 Regional Correctional Administrator \_\_\_\_\_ at the following address: \_\_\_\_\_**