

**MAINE DEPARTMENT OF CORRECTIONS**  
**SUPERVISED COMMUNITY CONFINEMENT PROGRAM COMMUNITY REPORT**

To: \_\_\_\_\_, RCA, or designee  
From: \_\_\_\_\_, Probation Officer  
Resident Name: \_\_\_\_\_

Region: \_\_\_\_\_

Date: \_\_\_\_\_

MDOC #: \_\_\_\_\_

**1. Review of Police Reports:**

Yes  No

Summary:

**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 SCCP?

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:

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**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. Any suggested modifications to the SCCP Plan and/or recommendations for additional conditions in order to enhance the resident's likelihood of successfully completing the program, if transferred.**

If yes, describe:

**10. Interview with Resident:**

Provide a brief description of the resident's attitude, release plan, amenability to treatment, any red flags:

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Signature of Probation Officer