

**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)

Address

Transfer Date: _____