

MAINE DEPARTMENT OF CORRECTIONS
SUPERVISED COMMUNITY CONFINEMENT PROGRAM REVIEW

Resident's Name: _____ MDOC#: _____

Facility/Housing Unit: _____ Case Manager: _____

FROM: Unit Team

TO: Chief Administrative Officer, or designee

Attached is a completed SCCP packet, containing, as applicable, the Supervised Community Confinement Program Plan, Authorization for Disclosure of Information for the Purpose of Community Review, Authorization for Disclosure of Information Acquired in Connection with the Provision of Substance Use Disorder Treatment Services, Agreement for Warrantless Searches, and Waiver of Extradition, and, if applicable, the written explanation sent to the resident regarding suggested modifications to the SCCP Plan and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

The resident is eligible for transfer to Supervised Community Confinement and is:

Recommended

Not Recommended (specify reasons):

Signature of Unit Manager, or designee

Date

FROM: Chief Administrative Officer, or designee (via Unit Team)

TO: Regional Correctional Administrator, or designee, Region: _____

Attached is a completed SCCP packet, a summary of the resident's participation in community programs during the current time in custody (e.g., furloughs, work release, etc.), including, but not limited to, any prior furlough addresses and community transition program sites, and, if applicable, the written explanation sent to the resident regarding suggested modifications to the SCCP Plan and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

The resident is eligible for transfer to Supervised Community Confinement and is

Recommended

Not Recommended (specify reasons):

Signature of Chief Administrative Officer, or designee

Date

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Assigned to Probation Officer _____ for review and report

FROM: Regional Correctional Administrator, or designee

TO: Chief Administrative Officer, or designee

Attached is a completed SCCP packet, the Supervised Community Confinement Program Community Report, and, if applicable, written explanation sent to the resident regarding suggested modifications to the SCCP Plan, as well as any additional conditions recommended.

The resident is still eligible for transfer to Supervised Community Confinement and is:

Recommended (specify suggested additional conditions, if any, below):

Not Recommended (specify reasons below):

Signature of Regional Correctional Administrator, or designee

Date

FROM: Chief Administrative Officer, or designee

TO: Department's Director of Classification, or designee

Attached is a completed SCCP packet, the Supervised Community Confinement Program Community Report, and, if applicable, the written explanation sent to the resident regarding suggested modifications to the SCCP Plan and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

The resident is still eligible for transfer to Supervised Community Confinement and is:

Recommended (specify suggested additional conditions, if any, below):

Not Recommended (specify reasons below):

Signature of Chief Administrative Officer, or designee

Date

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The resident is still eligible for transfer to Supervised Community Confinement and is:

Approved (specify required modifications to SCCP Plan and/or required additional conditions):

Not Approved (specify reasons):

Signature of Director of Classification, or designee

Date

Decision of the Director of Classification, or designee, provided to resident:

Signature of Resident

Date

Signature of Staff

Date

Name & Title (Print)