

**MAINE DEPARTMENT OF CORRECTIONS**  
**RESIDENT REQUEST FOR PRIVILEGE LEVEL ADVANCEMENT**

**All resident requests for privilege level advancement must be forwarded to the case manager.**

Resident Name: \_\_\_\_\_ MDOC#: \_\_\_\_\_

Housing Unit: \_\_\_\_\_ Work Assignment: \_\_\_\_\_

Current privilege level and length of time on that level: \_\_\_\_\_

List of program enrollments:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Are you in compliance with your case plan?

- Yes  
 No (explain) \_\_\_\_\_

Explain progress toward compliance with your case plan: \_\_\_\_\_

\_\_\_\_\_

Have you remained free of formal or informal discipline? If not, explain: \_\_\_\_\_

\_\_\_\_\_

Explain treatment goals you are working toward and describe your progress in meeting them: \_\_\_\_\_

\_\_\_\_\_

Describe your efforts toward pro-social behavior: \_\_\_\_\_

\_\_\_\_\_

Other information you would like considered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Resident

**DECISION OF UNIT MANAGEMENT TEAM:  LEVEL ADVANCEMENT APPROVED**

LEVEL ADVANCEMENT DENIED

If applicable, decision of Unit Manager to override approval of level advancement by Unit Management Team.

If level advancement denied by Unit Team or Unit Manager, date resident may reapply: \_\_\_\_\_

If level advancement denied by Unit Team or Unit Manager, steps resident must take to advance in level:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Unit Manager, or designee

\_\_\_\_\_  
Signature of Unit Manager, or designee