

MAINE DEPARTMENT OF CORRECTIONS
NOTIFICATION OF RESIDENT TRANSFER TO SUPERVISED COMMUNITY
CONFINEMENT

TO:

Prosecuting Attorney's Office(s): _____

District Attorney's Office (proposed housing): _____

Sheriff's Department (proposed housing): _____

Police Department (proposed housing), if any: _____

Department of Public Safety: _____

Domestic Violence Resource Center (county of conviction if resident currently in Department of Corrections legal custody for domestic violence): _____

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 #

COURT AND DOCKET NO(S).

CRIME(S)

SENTENCE(S)

Transfer Address

Transfer Date: _____