

MAINE DEPARTMENT OF CORRECTIONS

**Petition to Require Agency Rulemaking by Incarcerated Persons in a Maine Department of Corrections Facility
or in a County or Municipal Detention Facility**

Section I: To be completed by Chief Administrator Officer or Jail Administrator, or designee

FACILITY: _____

FACILITY ADDRESS: _____

TOTAL VALID: _____ **TOTAL INVALID:** _____

I hereby ensure that each signature on this petition is the signature of the person it purports to be and that the person was incarcerated in the facility at the time of signing.

SIGNATURE OF DOC FACILITY CHIEF ADMINISTRATIVE OFFICER, OR DESIGNEE, OR JAIL ADMINISTRATOR, OR DESIGNEE, AS APPLICABLE:

PRINTED NAME: _____

DATE: _____

Note:

1. For the Maine Department of Corrections, the petition to adopt, modify, or repeal a DOC rule must be submitted by 150 or more persons incarcerated in a Department correctional facility or by 25% or more of the total number of males or females incarcerated in a Department correctional facility, whichever is fewer.
2. For a county or municipal detention facility, the petition to adopt, modify, or repeal a DOC jail standard must be submitted by 150 or more persons incarcerated in a county or municipal detention facility or by 25% or more of the total number of males or females incarcerated in a county or municipal detention facility, whichever is fewer.
3. The Petition to Require Agency Rulemaking Cover Sheet must be attached.

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Section II: Petition

	VALID/INVALID (to be determined by CAO or Jail Administrator or designee)	SIGNATURE	DATE SIGNED	FACILITY	NAME PRINTED
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