

MAINE DEPARTMENT OF CORRECTIONS

NOTIFICATION OF PROPOSED 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: _____

FROM: _____, Chief Administrative Officer

Address Telephone Number

The below-named resident is being considered for transfer to the Department of Corrections Supervised Community Confinement Program.

Resident's Name MDOC #

COURT AND DOCKET NO(S).	CRIME(S)	SENTENCE(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proposed Transfer Address

Transfer Eligibility Date: _____

Please provide any comments/objections concerning this consideration, in writing, to Regional Correctional Administrator _____ at the following address: _____