REQUEST FOR INVESTIGATION FOR TRANSFER OF PRISONER TO SUPERVISED COMMUNITY CONFINEMENT

TO: Regional Correctional Administrator, Region ________________________________

Attached is a completed Supervised Community Confinement Application (Attachment A), a signed Authorization for Disclosure of Information for the Purpose of Investigation by the Department of Corrections (Attachment B), and the other documents as noted on the facility SCCP checklist.

Name of Prisoner ___________________________  MDOC Number _______________________

has been reviewed, is eligible and is recommended for transfer to Supervised Community Confinement under supervision of the Department of Corrections Adult Community Corrections Region ______.  

Signature of Chief Administrative Officer, or designee ___________________________  Date __________

Assigned to Probation Officer ___________________________ for investigation.

_____ Recommended: Forwarded to Regional Correctional Administrator.  

_____ Not Recommended: Forwarded to Regional Correctional Administrator.  

Signature of Probation Officer ___________________________  Date __________

Send this completed form, with the report of the investigating Probation Officer, to the Regional Correctional Administrator, or designee.

_____ Recommended

_____ Recommended with additional conditions or comments:

______________________________________________________________

______________________________________________________________

_____ Not Recommended & Reason(s)

______________________________________________________________

______________________________________________________________

Signature of Regional Correctional Administrator, or designee _________________________  Date __________
MAINE DEPARTMENT OF CORRECTIONS

Send this completed form to the Chief Administrative Officer of the facility where prisoner is housed.

_____ Approved  _______ Denied

If the prisoner is approved for supervised community confinement, upon the transfer of the prisoner to the supervised community confinement program, this completed form shall be filed in the prisoner’s Classification folder and forwarded to the Adult Community Corrections Regional Office where he/she has been transferred. A copy shall be forwarded to the Department’s Director of Classification.

If the prisoner is not approved for supervised community confinement, this completed form shall be filed in the prisoner’s Classification folder and the prisoner shall be notified of the denial.

________________________________
Signature of Regional Correctional Administrator, or designee

________________________
Date
SUPERVISED COMMUNITY CONFINEMENT PACKET
FACILITY CHECKLIST

SCCP documents forwarded to RCA, or designee, for assignment for investigation

☐ Request for Investigation for Transfer to SCCP
☐ SCCP Placement Application
☐ Authorization for the Disclosure of Information for the Purpose of Investigation by the Maine Department of Corrections
☐ Personal Narrative of Prisoner (optional)
☐ Judgment and Commitment Papers, including conditions of probation (if applicable)
☐ Electronic records check
☐ Copy of notifications sent to DAs and law enforcement agencies
☐ List of completed and/or current programs (or entered in CORIS in “program enrollment”)
☐ Description of any significant disabilities or medical issues that could affect placement and/or programs
☐ Letter from sponsor (optional)
☐ List of Community Contacts – (optional)
☐ Letters of support/personal references – (optional)