MAINE DEPARTMENT OF CORRECTIONS

PRISONER REQUEST FOR PRIVILEGE LEVEL ADVANCEMENT

All prisoner requests for privilege level advancement shall be forwarded to the case manager.

Prisoner Name: _______________________________________________ MDOC#: __________________

Housing Unit: __________________ Work Assignment: __________________

Current privilege level and length of time on that level: __________________

List of program enrollment:

1. __________________________ 2. __________________________
3. __________________________ 4. __________________________
5. __________________________ 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, please 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 Prisoner

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 prisoner may reapply:

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

________________________________________________________

________________________________________________________

Date __________________ Printed Name of Unit Manager, or designee __________________ Signature of Unit Manager, or designee