

**MAINE DEPARTMENT OF CORRECTIONS  
NOTICE OF CHANGE IN CONDITIONS OF  
SUPERVISED COMMUNITY CONFINEMENT**

Name of Client: \_\_\_\_\_

MDOC Number: \_\_\_\_\_

Date: \_\_\_\_\_

The following change has been requested by either the probation officer or the client to be made to the conditions of the client's supervised community confinement (**note: a mandatory condition is not allowed to be modified or removed**): \_\_\_\_\_

If the probation officer and the client agree, the change becomes effective immediately upon their both signing below. If the client and the probation officer do not agree, and the request was made by the probation officer, the client may submit a written appeal to the Regional Correctional Administrator, or designee, which must be received within seven (7) days of the client being provided with the probation officer's request. If the client and the probation officer do not agree, and the request was made by the client, the client may submit a written appeal to the Regional Correctional Administrator, or designee, which must be received within seven (7) days of the client being notified of the probation officer's lack of agreement.

I agree to the above change in the client's conditions.

\_\_\_\_\_  
Signature of Probation Officer

\_\_\_\_\_  
Date

I hereby acknowledge that I understand and agree to the above change in my conditions and that I have received a copy of this notice.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

If the probation officer has requested the change and the client does not agree, and there is no timely appeal, the change goes into effect immediately upon the expiration of the appeal period.

If the client has requested the change and the probation officer does not agree, and there is no timely appeal, the change does not go into effect.

If there is a timely appeal, the decision of the RCA, or designee, is:

Above change in conditions is approved and goes into effect immediately upon receipt by the client of this decision

Above change in conditions is not approved

\_\_\_\_\_  
Signature of Regional Correctional Administrator, or designee

\_\_\_\_\_  
Date

If the change in conditions is approved, I hereby acknowledge that I understand the above change in my conditions and that I have received a copy of this decision and notice.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

Copy to Probation Officer

Copy to Client

Copy to Client's File in Regional Office