

MAINE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDIUM CUSTODY TRUSTEE STATUS

Resident's Name: _____ MDOC#: _____

Facility: _____ Housing Unit: _____

1. Reason and information in support of the request:

2. Other pertinent information:

Review of Request Recommended

Review of Request Not Recommended (specify reasons): _____

Date _____

Signature of UM, or designee _____

Decision of Director of Classification, or designee

Approved for Review

Not Approved for Review (specify reasons): _____

IF NOT APPROVED FOR REVIEW:

Signature of Resident

Date

Signature of Staff

Date

Printed Name and Title

NOTE: THE RESIDENT IS TO BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED BY THE RESIDENT AND THE STAFF

**MAINE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDIUM CUSTODY TRUSTEE STATUS**

Resident's Name: _____ MDOC#: _____

NOTE: IF APPROVED FOR REVIEW, THE REVIEW MUST BE CONDUCTED AT THE NEXT REGULARLY SCHEDULED UNIT MANAGEMENT TEAM MEETING

IF APPROVED FOR REVIEW:

- Medium Custody Trustee Status Recommended
 Medium Custody Trustee Status Not Recommended (specify reasons): _____

Signature of UM, or designee Date _____

Decision of Director of Classification, or designee

- Approved for Medium Custody Trustee Status
 Not Approved for Medium Custody Trustee Status (specify reasons): _____

Signature of Resident Date _____

Signature of Staff Date _____ Printed Name and Title _____

NOTE: THE RESIDENT IS TO BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED BY THE RESIDENT AND THE STAFF.