

MAINE DEPARTMENT OF CORRECTIONS

APPEAL (SCCP, FURLOUGH PROGRAM, COMMUNITY TRANSITION PROGRAM) FORM

Resident Name

MDOC #

TO: Deputy Commissioner, or designee, **ONLY** if an appeal about SCCP or an appeal of a denial of approval for an initial furlough leave or withdrawal of approval for an initial furlough leave

OR

TO: Central Office Director of Classification, or designee, for all **OTHER** appeals

On _____, the following decision took place:
Date

SCCP

Community Transition Program

Furlough Program

Denial of approval for SCCP

Withdrawal of approval for SCCP

Removal from SCCP

Denial of approval for a community transition program release

Withdrawal of approval for a community transition program release

Termination of a community transition program release

Restriction or suspension of community transition program privileges

Denial of an initial furlough leave

Withdrawal of approval for an initial furlough leave

Denial of approval for any other furlough

Withdrawal of approval for any other furlough

Termination of a furlough

Restriction or suspension of furlough privileges

Appeal must be postmarked within fifteen (15) days of when: the written explanation of the denial of approval was received by the resident; the resident was notified of the withdrawal of the approval; the removal from or termination of the program occurred; or the restriction or suspension decision was received by the resident, whichever is applicable.

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Resident Name

MDOC #

I wish to appeal for the following reasons: _____

Resident's Signature

Date

Resident filed untimely appeal

Decision is Affirmed Reversed Modified Remanded for further review

If modified, describe modification:

If remanded for further review, at what point: _____

Explanation for decision:

Printed Name

Date

Signature