

MARYLAND DIVISION OF CORRECTION  
**CERTIFICATE OF INMATE STATUS**

Inmate Name: \_\_\_\_\_ DOC/CL/SID \_\_\_\_\_

Serving Sentence of: \_\_\_\_\_ From: \_\_\_\_\_

Sentencing Judge: \_\_\_\_\_ Court: \_\_\_\_\_

Offense(s) \_\_\_\_\_ Indictment No.: \_\_\_\_\_

Date Detainer(s) Placed: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Offense(s) charged in detainer: \_\_\_\_\_

In accordance with the provisions of Title 8, Subtitles 4 and 5 of the Correctional Services Article, Annotated Code of Maryland, the following is submitted:

THE WARDEN/SUPERINTENDENT OF \_\_\_\_\_ hereby certifies:  
(Institution)

- 1. Term of confinement of above named inmate: \_\_\_\_\_
- 2. Time already served on sentence: \_\_\_\_\_
- 3. Time remaining to be served on sentence: \_\_\_\_\_
- 4. Projected good conduct credit: \_\_\_\_\_
- 5. Parole eligibility date: \_\_\_\_\_
- 6. Parole board hearings & results: \_\_\_\_\_

Other: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Warden/Designee)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Name & Title of Informant)

Distribution: Original: Inmate Case Record  
 Copy: Inmate  
 Copy: Office of the State's Attorney  
 Copy: Court of Jurisdiction