

MARYLAND DIVISION OF CORRECTION

Waiver and Notification of Case Management Action

Name: _____ DOC #: _____ Inst.: _____ Housing: _____

Section I: Waiver of Appearance

I, _____, do not wish to appear before
(print name and number)
case management on _____ for consideration of the following action:

Signature DOC Number Date

Witness: _____

Section II: Inmate Notification of Case Management Action

Name: _____ DOC #: _____ Inst.: _____ Housing: _____

Team Review Administrative Assignment

On _____, case management recommended the following:

Comments: _____

On review, the Warden/designee approved disapproved ordered further proceedings

Rationale: _____

Copy sent to inmate by: _____ Date: _____
Name Title

Distribution:
Original: Inmate record
Copy: Inmate