



Department of Public Safety and Correctional Services

Local Reentry Transfer Notification and Acknowledgment Form

The Department of Public Safety and Correctional Services (DPSCS) – Corrections has entered into an agreement with [Click here to enter text.](#) which may permit an inmate to transfer to the inmate’s home county to serve the remainder of their sentence. DPSCS has enacted policy which allows it to participate in the local detention center transfer program. The transfer program is discretionary and not everyone who applies will be qualified or approved for transfer. To transfer, your application must first be approved by DPSCS and the local county reentry coordinator. You must also contact your case manager to assist you and to determine if your home county has any additional requirements.

Name: [Click here to enter text.](#)

Institution: [Click here to enter text](#)

Number: [Click here to enter text](#)

Offense: [Click here to enter text](#)

DOC#: [Click here to enter text.](#)

Sentence: [Click here to enter text](#)

Date of Birth: [Click here to enter text.](#)

Projected Release Date: [Click here to enter text](#)

I am interested in being transferred to continue serving the sentence imposed by the State of Maryland to the county of residency indicated above. I understand that this is only an inquiry to obtain data before the actual request for transfer and is not binding upon either the Department or me. I understand that upon approval for transfer, I will be required to abide by all rules and regulations to the local detention center program.

Signature

Date

I hereby indicate that I am **not** interested in being transferred to continue serving the sentence imposed by the State of Maryland to the county of residency indicated above.

Signature

Date