

MARYLAND DIVISION OF CORRECTION

Enemy Status Form

Institution: _____

Date: _____

Inmate's Name: _____

DOC/SID #: _____

Verified Enemy Name	DOC/SID #

Verified information and source: _____

Staff Signature: _____

Date: _____

OCMS entry date (verified cases only): _____ by _____

Distribution: - Inmate Case Record