

MARYLAND DIVISION OF CORRECTION

Enemy Retraction Form

Date: _____

Inmate's Name: _____

DOC/SID #: _____

Name	DOC/SID #:	Reason(s) for Retraction:

Inmate's Signature: _____

Date: _____

Witness: _____

Date: _____

Witness: _____

Date: _____

OCMS entry date: _____ by _____

Distribution: - Inmate Case Record