MARYLAND DIVISION OF CORRECTION

Progress Report Transmittal to Signatory State

	Date:	
TO:		
FROM:		
Maryland Institutional Comp	act Coordinator	
RE: 1	Inmate:	
	CL #:	
	Your #:	
the State of	eport on the above-referenced inmate received from and housed in Maryland under the provisions of contact the office indicated below if you have any	the
NOTE: If the inmate's diminution please forward written notification to:	on of confinement time and/or release status changed	1,
Interstate Corr	rections Compact Administrator	
	sion of Correction-HQ	
	sterstown Road, Suite 310	
Baltir	more, Maryland 21215	

(Revised 2-18)

Base File

Commitment Supervisor

Headquarters Compact Administrator

cc: