## MARYLAND DIVISION OF CORRECTION

## **Parole Hearing Case Management Recommendation**

Inmate's Name:			DOC #:	Inst	Institution:	
Recommendation:  Conditions/Date:				Hold 🗌		
Rationale:						
Case Management Specialist:			Titl	e:	Date:	
Warden/Designee:			Title	e:	Date:	
Comments:						

cc: Inmate Record