

STATE OF MARYLAND
DIVISION OF CORRECTION

REQUEST FOR SPECIAL CONDITION OF MANDATORY SUPERVISION RELEASE

Last Name	First Name	MI	DOC/SID Number
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Current Mandatory Supervision Release Date	Date Special Condition(s) Requested
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The following special condition is recommended for the above-referenced offender.

SC #50 **NO CONTACT ORDER:**

SC #50 **OTHER:**

Rationale: (Attach supporting documentation)

Submitted by: (Case Management Specialist):	Name	Title	Date
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Supervisory Review:

<input type="checkbox"/> Approved:	<input type="checkbox"/> Disapproved	Supervisor/Manager	Date
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Comments: _____

HQ Review:

<input type="checkbox"/> Approved:	<input type="checkbox"/> Disapproved	Director of Case Management/Designee	Date
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Comments: _____

Maryland Parole Commission Review:

<input type="checkbox"/> Approved:	<input type="checkbox"/> Disapproved	Parole Commissioner	Date
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Comments: _____

cc: Inmate Case Record
Parole File