

MARYLAND DIVISION OF CORRECTION
Recommendation for Approval of Settlement
Agreement

Institution

Inmate Name: _____ DOC Number: _____

IGO Case Number: _____ ALJ's Name: _____

Date of Settlement Conference: _____ Location: _____

Date of ALJ's Confirmation of Settlement Agreement: _____

SECTION I.

Institutional Representative's Rationale for Approval of Settlement Agreement

Institutional
Representative's Signature: _____ Date: _____

SECTION II.

Warden's Recommendation for Approval of Settlement Agreement

Approved () Disapproved ()

Comments: _____

Warden's Signature: _____ Date: _____

Section III.

Commissioner's Decision

Approved ()

Disapproved ()

Comments: _____

Commissioner's Signature: _____ Date: _____