

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE**

Schedule No. C1148

Page 1 of 1

**Agency**  
Wicomico County

**Division/Unit**  
Department of Corrections  
Pre-Trial Services

Item No.	Description	Retention
1	Bail Review Reports	Retain for 10 days, then destroy
2	Pre-Trial Reports <ol style="list-style-type: none"> <li>1. Conditions of Pre-Release Contract</li> <li>2. Authorization to Release</li> <li>3. Community Corrections Progress Sheet</li> </ol>	Retain for 3 years, then destroy

Schedule Approved by Department, Agency, or Division Representative.  
 Date: October 20, 2010  
 Signature   
 Typed Name George Kaloroumakis  
 Title Director

Schedule Authorized by State Archivist  
 Date 25 Feb 2011  
 Signature 

<p>Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>2</u></p>
<p>1. Department/Agency Wicomico County</p>	<p>2. Division Department of Corrections</p>	<p>3. Unit Pre-Trial Services</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Bail Review Reports</p>	<p>5. Earliest Year/Latest Year <u>2000</u> to <u>2010</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Bail Review Report Form- used to obtain information and report for Bond Review which contains criminal history</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p>Number <u>1</u></p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation</p> <p>Number <u>0</u></p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>Number <u>10 days</u>    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) Administration Building-second floor D 228-1- Detention Center</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input type="checkbox"/> Independent</p>	
<p>17. Is an index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention- Retain for 10 days then destroy</p>	
<p>19. Name and Title of Preparer Michael Hammond-Community Corrections Supervisor</p>	<p>20. Telephone Number 410-548-4818</p>	<p>21. Date October 20, 2010</p>

<p><u>Instructions</u> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>2</u> OF <u>2</u></p>
<p>1. Department/Agency Wicomico County</p>	<p>2. Division Department of Corrections</p>	<p>3. Unit Pre-Trial Services</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Pre-Trial Reports</p>	<p>5. Earliest Year/Latest Year <u>2000</u> to <u>2010</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Conditions of Pre-Release Contract- outlining program requirements Authorization to Release Form- used to obtain information Community Corrections Progress Sheet</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size    <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape    <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book    <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p>Number <u>50</u></p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation</p> <p>Number <u>50</u></p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>Number <u>3</u>    <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) Administration Building-second floor D 228-1- Detention Center</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) &amp; Regulation(s))</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input type="checkbox"/> None    <input checked="" type="checkbox"/> State    <input type="checkbox"/> Federal    <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention- Retain for 3 years then destroy</p>	
<p>19. Name and Title of Preparer Michael Hammond-Community Corrections Supervisor</p>	<p>20. Telephone Number 410-548-4818</p>	<p>21. Date October 20, 2010</p>