



TERMINATION OF CONTACT WITH MINORS APPEAL

Name: _____

DOC number: _____

Date of termination: _____

Cause number: _____

Reason for termination:

- Continued contact poses a risk to the minor(s) or other persons
- Violations of conditions of the contact/safety plan or the Custody Facility Plan/case plan
- Infraction committed
- Rule violation
- Illegal act

DOC 05-702 Contact Safety Plan attached

Plan terminated on: _____ by: _____

I am appealing the termination of contact for the following reason(s):

Signature

Date

APPEAL DECISION

Reviewed by: _____

Work/Training Release Administrator Field Administrator

Reinstate contact: Approve Deny

Comments:

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Work/Training Release Administrator or Field Administrator
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