



TRIP PROPOSAL

Name DOC number Date

Where do you want to go? Address/City/State/Zip ()
Phone number

What will you be doing?

Who will be with you? (Chaperone, others present):

How long do you expect to be there? When will you return?

How does this activity help in your transition?

Potential advantages of this activity:

Potential risks involved with this activity:

APPROVALS
Residential Community Transition Team member approval required to complete site survey

Special Commitment Center representative Signature Date

Case manager Signature Date

Sex offender treatment provider Signature Date

Site survey completed by Signature Date

Approved Denied

Comments:

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** - Individual on Community Supervision **COPY** - Case manager file, Imaging file