

**EXTENDED FAMILY VISIT**

**APPLICATION/ACKNOWLEDGMENT**

Incarcerated individual:       DOC number:

The below named are applying for an Extended Family Visit (EFV).

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| **Name** | **Date of birth** | **Relationship** | **Mailing address, phone number, and email** |
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Submit the following original or certified documentation for each applicant, if applicable. Documentation must be issued by the appropriate regulatory agency (e.g., Department of Health, court issued) and show direct lineage through birth, marriage/state registered domestic partnership, or adoption. Additional documentation may be required. Documents will be copied by the Headquarters EFV Unit, and the original will be returned to the applicant.

Birth certificate(s)  Adoption papers  Divorce decree(s)

Marriage license/state registered domestic partnership certificate

Color copy of current, government issued photo identification (e.g. passport, driver license)

Is the applicant(s) on the approved visitor list?  Yes  No

Is the applicant(s) on community supervision/parole?  Yes  No

If yes, explain:

Has the applicant(s) ever been identified as a victim of incarcerated individual?  Yes  No

If yes, explain:

Has there ever been a no contact order of any type requested or put in place between any of the participants?  Yes  No

For a marriage/state registered domestic partnership entered after the individual is under the jurisdiction of the Department, does the marriage/partnership meet the requirements of DOC 590.200 Marriages and State Registered Domestic Partnerships?  Yes  No

**PLEASE READ CAREFULLY**:

I/we fully understand DOC 590.100 Extended Family Visits and the EFV Resource Guide for Families.

I/we meet the requirements and agree to abide by all rules and regulations pertaining to EFV.

I/we understand the purpose of EFV is to maintain relationships, not to share traumatic news or to end a relationship. Family problems should be discussed by telephone, mail, or in the regular visit program.

In consideration of allowing the EFV within the boundaries, I/we for self, heirs, executors, and administrators do waive, release, and discharge any and all rights and claims or damages against the State of Washington, its employees and agents, including but not limited to those agents and employees of this facility and the Department of Corrections, for all claims arising or resulting from traveling within the perimeter of the facility to and from the visit site.

I/we will assume and pay my/our own medical emergency expenses in the event of an accident, illness, or other incapacitation regardless of whether I authorized such expenses.

I/we realize the dangers which might be involved in EFV.

I am responsible to certify and declare for myself and accompanying minor visitors under the age of 18.

     

Name Signature Date

Signatures of all EFV applicants who are 18 years of age or older:

Name Signature Date

Name Signature Date

Name Signature Date

Name Signature Date

Name Signature Date

**Submit completed form and required documents to the Headquarters EFV Unit at Attn: EFV Application P.O. Box 41118, Olympia, WA 98504-1118.**

**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** - Imaging file **COPY** - Headquarters EFV Unit