

**VIRTUAL HEARING ACKNOWLEDGMENT/WAIVER**

**For DNR Offsite Crews**

Facility:       Date:

Name:       DOC number:

Virtual hearing case number:

Court/DCYF/Other:

Date/Time of hearing:

Reason for hearing:

[ ]  Yes, I want to attend my virtual hearing. I understand that I will be excused from work and will remain onsite in order to make an appearance.

[ ]  No, I do not want to attend my virtual hearing in order to attend my offsite work assignment.

Signature Date

Employee name 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.**

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