



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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