NOTICE OF CONTINUED OBLIGATIONS/RESTRICTIONS

Name: _____ DOC number: _____

Per RCW 9.94A and/or RCW 9.95.210, the cause(s) listed below does not meet the criteria for continued supervision by the Department of Corrections. Any conditions of supervision imposed by the Department are no longer in effect. The court(s) will be notified of your supervision status. Per RCW 9.94A and/or 9.95.210, you are still subject to court-imposed conditions and requirements.

The court has ordered you to pay Legal Financial Obligations (LFOs) including any accrued interest. You are required to make monthly payments to the county clerk on any outstanding LFOs under the following cause number(s) and in the amount(s) listed. Contact the county clerk if no payment amount is entered. Payments should be made in the form of a money order or certified check and include the cause number(s) listed below on all payments.

COUNTY CLERK/ CAUSE NUMBER	COUNTY CLERK ADDRESS	TOTAL AMOUNT ORDERED	MONTHLY PAYMENT SCHEDULE
/		$	
/		$	
/		$	

- The Department is not the official repository for up-to-date LFO information and is providing you the information currently available. Contact the county clerk's office for current LFO payment and balance information.
- Your contact information will be provided to the Administrative Office of the Courts and the county clerk of jurisdiction for billing, monitoring, and collection of LFOs. Report any change of address to the county clerk's office(s).
- You must obtain approval before relocating out-of-state, as you may be subject to the requirements of the Interstate Compact.
- Do not leave the United States without a court order.
- Abide by all conditions still in effect on the Judgment and Sentence(s). Protection orders and no contact orders related to the above listed cause(s) remain in effect unless modified by the court.

FIREARMS: I have been advised and understand that if I have been convicted of a crime in a category listed below I am prohibited by law from owning, possessing, receiving, shipping, or transporting a firearm, ammunition, or explosives. I understand the prohibition extends to every sort of gun, rifle, or explosive device or similar device, including the frame or receiver of firearms. I understand that this may also be a violation of my supervision per RCW 9.94A.505.

- Any felony offense
- Misdemeanant offense (RCW 9.41.040, 10.99.020) - Includes the following misdemeanor offenses, when committed by one family or household member against another, committed on or after July 1, 1993:

  Coercion (RCW 9A.36.070) Assault 4 (RCW 9A.36.041)
  Stalking* (RCW 9A.46.110) Reckless Endangerment 2 (RCW 9A.36.050)
  Violation of a Protective/No Contact Order (RCW 10.99.040)*, (RCW 26.50.060, RCW 26.50.070, RCW 26.50.130)
  **Can also be a felony offense*

I further understand that I should seek legal advice if I wish to possess a firearm after I am discharged from supervision.

☐ **REPORTING OBLIGATION:** Report to your case manager for any remaining active cause(s).

I have read, or have had read to me, the above conditions and sentence requirements which are applicable in my case. Each of these conditions and requirements have been explained to me and I hereby agree to comply with them.

Signature	Date	Case manager/records employee signature	Date
CCO/TYPIST:DATE		Name, Address City, Washington Zip code	

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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