Department of Corrections
WASHINGTON STATE

SEARCH WAIVER

☐ Community Parenting Alternative (CPA) ☐ Graduated Reentry

Name: _____ DOC number: _____ Date: _____

I consent to allow the Washington State Department of Corrections, or any other law enforcement agency, to search my person, vehicles, and the entire premises, including all outbuildings, at any time without a warrant.

This search will be for the purpose of ensuring my compliance with the conditions imposed by the court and/or the Department.

This search may be made without a warrant, probable cause, or reasonable suspicion. I understand that the state and federal constitutions provide a right not to have one's premises searched without a warrant and/or probable cause or reasonable suspicion, but I waive any such rights for the period I am participating in CPA/Graduated Reentry pursuant to RCW 9.94A.

Additionally, I hereby consent to the seizure of any contraband, evidence of a crime, or evidence of a violation of the CPA/Graduated Reentry standard rules and conditions.

Sponsor Requirements

1. Agrees to allow the participant to be released to his/her address
2. Understands that a case manager will be conducting routine unannounced home visits
3. Understands that all areas of the residence will be subject to search
4. There will be no firearms, alcohol, non-prescription drugs or narcotics permitted in the home at any time
5. Will personally notify all others living in the residence of the conditions and requirements

Residence address: _____

_____

_____

I understand and agree with the waiver requirements, and hereby waive any rights to not have my premises searched without a warrant, probable cause, or reasonable suspicion. Address change is subject to advanced approval by the case manager and will require a new waiver to be signed. Any new residents moving into the home will need to sign the waiver within 24 hours.

Participant signature	Date	
Case manager	Signature	Date
Sponsor	Signature	Date
Occupant signature	Occupant signature	

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** - Participant