PERSONAL PROPERTY DISPOSAL

Transitional Housing Only

☐ Community Parenting Alternative ☐ Graduated Reentry ☐ Rapid Reentry

Name: _____ DOC number: _____

I understand the Department is not responsible for any of my property should I escape or be transferred back to Prison. The person identified below has agreed to pack, store/retain, and secure my property on my behalf.

I request all my belongings be picked up by:

Name	Relationship	Phone number
Address	City, State	Zip Code

I understand that if this person cannot be located and/or will not accept the items, the property will be donated to a charitable organization or destroyed at the time of termination from the program.

Signature	Date

Case manager/Corrections Specialist	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.

Distribution: **ORIGINAL** - Case manager file **COPY** - Participant