



NOTICE TO OFFENDER – FUTURE SUPERVISION

Offender Name: _____ DOC Number: _____

The cause(s) listed below meets the criteria for future supervision by the Department of Corrections per RCW 9.94A.589. Court-ordered sentence requirements will remain in effect from date of sentence. Department supervision for the below listed cause(s) will begin when the current cause(s) ends.

CAUSE NUMBER	COUNTY
/	
/	
/	

REPORTING OBLIGATION: Report to your Community Corrections Officer (CCO) for remaining active cause(s). When the current cause(s) ends, you will need to report to your CCO to complete a new intake process for the above listed cause(s).

_____	_____	_____	_____
Offender Signature	Date	CCO/ Records Employee City, Washington Zip Code	Date

TYPIST:cco

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 00-03, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Offender **COPY** - Field File