



PREFERENCES REQUEST

Individual's legal name _____ DOC number _____

Name as it appears on the Judgment and Sentence: _____

Preferred name: _____

Preferred pronoun(s): _____

Individual identifies as: Transgender Intersex Non-conforming

Individual wants to keep this information confidential from other individuals: Yes No

Preferred gender to conduct searches/urinalysis while under the jurisdiction of the Department.

Male Female No preference

I hereby acknowledge and understand that the employees will attempt to respect my preferences whenever possible as long as it does not cause a safety or security concern and identified gender of employee/contract staff is available to conduct a search/urinalysis. Furthermore, I am not under any duress and am voluntarily signing this document as my truth:

I feel safe being housed/placed in the general population

I do not feel safe being housed/placed in the general population

Signature Date

LOCAL MULTIDISCIPLINARY TEAM (MDT) REVIEW MEMBERS	
Name	Title

Superintendent/Community Corrections Supervisor (CCS) 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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