



IN-STATE TRANSFER CHECKLIST

Name: _____ DOC number: _____

REVIEW FOR THE FOLLOWING

- All intakes completed to include WA One assessment and case management needs/goals and behavior targets entered
- All causes screened for supervision eligibility
- Unresolved Administrative Dismiss Without Prejudice (DWOP) Yes, Date: _____
- Unresolved violation process due to Conditional Release (CR) Yes, Date: _____

FIELD FILE

- Field file complies with DOC 01-012 File Maintenance Checklist
- Current Progress Report for Residential DOSA cases only

OMNI

Ensure OMNI is updated and accurate to include:

- Judgment and Sentence (J&S) reviewed and all court and Department-imposed conditions are correct
- Judicial Access Browser System (JABS)
 - All new criminal activity has been addressed (either DWOP or FTOAL violation)
 - Criminal Conviction Record (CCR) is accurate
- Treatment and EM conditions screen is updated and correct
- Community restitution/service hours are documented correctly in the CRSH application, if applicable
- All violation processes have been completed in Violator Management
- All violations are entered and Field Discipline reflects accurate information
- Check dates
 - Past due check dates are addressed and cleared
 - Postponed check dates have been corrected
- Cost of Supervision (COS) information is entered
- Legal Financial Obligations (LFOs)
 - Payment schedule is entered
 - Personal Characteristics screen is accurate, to include updated address

Case manager

Signature

Date

Community Corrections Supervisor/designee

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.