 **FUNERAL TRIP/DEATHBED VISIT**

**WORKSHEET AND CHECKLIST**

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| **COMPLETED BY CASE MANAGER** |

Name DOC number Assigned housing unit

Requesting to attend: [ ]  Funeral [ ]  Deathbed visit on       at       **[ ]**  a.m. **[ ]**  p.m.

 [ ]  In-Person [ ]  Virtual viewing

Location and full address:

Contact person:       Telephone:

Attending Physician (if deathbed visit):

Relationship to immediate family member:

Name:       Telephone:

Current offense

[ ]  Gang-related Custody level       Date of birth

Date of sentence       Minimum term       Earned release date

Depart at       **[ ]**  a.m. **[ ]**  p.m. on

Approximate return at       **[ ]**  a.m. **[ ]**  p.m. on

[ ]  Payment via trust account [ ]  Family payment via money order/certified check [ ]  Indigent

Comments/recommendations (e.g., Security Threat Group activity, transport security, medical/mental health information, driving directions):

Case manager Estimated total miles for trip

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| **COMPLETED BY INTELLIGENCE AND INVESTIGATIONS UNIT (IIU)/DESIGNEE** |

Comments, including any gang affiliations:

Investigator Date

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| **COMPLETED BY SHIFT COMMANDER/TRANSPORTATION LIEUTENANT** |

1st Transport Officer:       2nd Transport Officer:

Work Schedule:       Work Schedule:

Depart at       **[ ]**  a.m. **[ ]**  p.m. Return at       **[ ]**  a.m. **[ ]**  p.m.

Comments, including restraints required, clothing, and safety/security instructions:

Name Date

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| **COMPLETED BY BUSINESS OFFICE** |
| **Employees** | **Regular hours** | **Overtime rate per hour** | **AU SW 12****overtime pay** | **Total benefits** | **Total pay** |
| Officer 1 |       |       |       | $       | $       |
| Officer 2 |       |       |       | $       | $       |
| **Lodging – GA** | **Meals – GA** |
| **# of nights** | **Cost** | **Total** | **Meal** | **# of nights** | **Cost** | **Total** |
|       | $       | $       | Breakfast |       | $       | $       |
| **Mileage – GC** | Lunch |       | $       | $       |
| Mileage estimate:       x       = $      Total mileage cost $       | Dinner |       | $       | $       |
| **Total** | $       |
| **Total payroll** | $       | Comments:       |
| **Total lodging** | $       |
| **Total mileage** | $       |
| **Total meals** | $       |
| **TOTAL DUE** | $       |

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| **ALL SIGNATURES ARE REQUIRED FOR APPROVAL** |

[ ]  Approved [ ]  Denied

      

Correctional Unit Supervisor/Program Manager Signature Date

[ ]  Approved [ ]  Denied

      

Captain/Lieutenant at Level 2 facility Signature Date

[ ]  Approved [ ]  Denied

      

Superintendent/designee Signature Date

Comments:

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| **COMPLETED BY RECORDS OFFICE, IF APPROVED** |

Law enforcement notified [ ]  Yes [ ]  No Victim/witness notified [ ]  Yes [ ]  No

Comments:

**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** - Control Transport Officers

 **COPY** - Imaging file, Shift Lieutenant, Business Office, Unit File

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| **CHECKLIST****COMPLETED BY CLASSIFICATION COUNSELOR** |

[ ]  Review eligibility requirements per DOC 420.110 Escorted Leaves and Furloughs.

[ ]  Research violation history, escape, current offense and criminal history, active no contact orders, felony warrants/detainers, IIU input (e.g., Security Threat Group concerns, potential threats/safety concerns), and current medications.

[ ]  Inform the incarcerated individual only ***one*** trip will be allowed, if approved. Individuals may request to:

* Visit an immediate family member (i.e., at the hospital, hospice, or home), or
* Attend the funeral service or burial of an immediate family member. Both will be allowed if at the same location.

[ ]  Ask the individual to provide the name, telephone, and relationship to the family member

[ ]  For a funeral trip, contact the family member for the name and location of the funeral home

[ ]  For a deathbed visit, contact the physician or hospital/hospice for the location of the family member. If a home setting, determine who will be at the home and determine any restrictions needed. Ask if there are weapons in the home and if removal is possible, if appropriate.

[ ]  Notify the individual and family member of cost requirements (e.g., mileage, meals, lodging, employee salary). Ask if they are able to pay. *Indigence will not be cause for denial.*

* Provide instructions for payment via the trust account and/or a money order or certified check. Payment should be made before the scheduled departure. Arrangements may be made for family members to pay at a local facility/office.

[ ]  Obtain directions, including exact location to meet contact person, and specifics for trip (e.g., start/ end time of service, total distance/travel time).

[ ]  Ensure all sections are completed and obtain approval signatures. Do not send via email/fax.

[ ]  Email facility records office notification, including:

* Name and DOC number
* Destination
* Date and time of departure
* Approximate time of return to the facility

[ ]  Provide a courtesy notification to the Chaplain for follow-up with the individual.

[ ]  Complete a trip packet with the following:

* Cover memo on top
* DOC 05-739 Funeral Trip/Deathbed Visit Worksheet and Checklist
* DOC 05-673 Escorted Leave Reimbursement Request
* Full Legal Face Sheet, including violation history, from the individual’s electronic file
* Map and directions

[ ]  Make 4 copies of the approved trip packet for facility records, Shift Lieutenant, business office, and unit file.

[ ]  A custody officer will obtain the individual’s identification sheet from records/control employees to include in the transport officer’s trip packet on the day of departure.