 **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

Shape

Description automatically generated with low confidence

Correctional Unit Supervisor/Program Manager Signature Date

Approved  Denied

Shape

Description automatically generated with low confidence

Captain/Lieutenant at Level 2 facility Signature Date

Approved  Denied

Shape

Description automatically generated with low confidence

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.